Agent Cover Sheet for File 4-356 (Rev. 12-20-67) COVER SHEET #3



OUT OF SERVICE

COVER	SHEET	#3		OF SERI	7.3 3.		
Name		,				SALARY C	HANGES
NICHO	OLAS JOH	N PURCHIA	, r	· • • _	Date	Grade	Salary .
EOD Clerk	¢.				. / /		
EOD Spec	ial Agent				1/10/71	GS-13,	21,905
					1-0-77	rein	
12/9 Adjusted	/ 46 EOD				1-9-72	GS-13	23,112
					8/20/22	co/3	23 732
Social Sec	urity Number	 			10-1-72	10	2117
					\$ 7-73	13 -13	24 956
069	<u>-16-6407</u>				/		7
	Office			Date	10-14-73	gs/3	26 187
MATO						0	, , , , ,
NYC				9/10/51	10-13-74	01/3	27,632
THT DELL	ENT_VOLU	'N''		1 95 75	4-25-75	RETTRE	MENT_VOLUNTARY
PILKEM	TAN I VULU	MIANI		4-25-7 5			
	· · · · · · · · · · · · · · · · · ·						
 	·	· · · · · · · · · · · · · · · · · · ·					
					· · · · · · · · · · · · · · · · · · ·		
					1		
		· · · · · · · · · · · · · · · · · · ·			l · · ·		
						· -	
PE	RMANENT BR	IEFS AND SECUR	ITY R	REVIEWS			
	Security Rev.	Date		lame of Briefer	1		
	, ====	· · · · · · · · · · · · · · · · · · ·	 				
							
			-				
			1	,			
				•			
	,					,	
			,		· · · · · · · · · · · · · · · · · · ·	,	
					,		
			-				
			<u> </u>				
						,	
		<u> </u>					
•				:			
	L	ļ. <u>.</u>	L		L		





COVER SHEET #2

ASSIGNMENT HISTORY OF

NICHOLAS JOHN PURCHIA

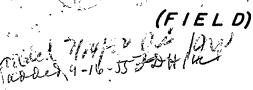
ENTERED ON DUTY AT WASHINGTON, D.C. ON ______DECEMBER 9, 1946

	55 069-	16-6487
OFFICE-		DATE
NYC		9-10-51
•		
		`
		·
]		. ,
)	·	
,		
j		
	· · · · · · · · · · · · · · · · · · ·	
<u> </u>		
		,
		*
·		,
		
`	•	
,		·

PERFORMANCE RATINGS

ENTRANCE SALARY \$4149.60 CAF-9 SALARY CHANGES

	.		
	DATE	GRADE	SALARY
	9-9-56	GS-13	\$8990
	3-9-58	CS-13-	#9205
	1-12-58	65-13	9,890
	3-9-58	65-13	10,130
	9-6-59	65-13	10,370.
	7-10-60	05-13	11,153
	3-5-61	65-13	11,415
	9-2-62	65-13	11,675
/	10-14-62	G5-13	12,610
	1-5-64	88-13	13, 265
	7-15-64	65-13	13,755
	8-30-64	65-13	14175
	10/10/65	211-13	14.685
	7/3/66	65-13	15,113
	8/28/66	G5-13	15,361
	10-8-67	215-13	16,207
	7-14-68		17,289
	7/13/69	GS-13	18,974
	0-7429		19,501



ASSIGNMENT HISTORY OF NICHOLAS JOHN PURCHIA

ENTERED ON DUTY AT WASHINGTON, D.C.

ON DECEMBER 9: 1946

OFFICE	DATE
School	12-9-46
New Orleans	2-28-47
Knoxville	10-15-47
Resident Agent Oak Ridge, Tenn.	12 -3-47
<u>Atlanta</u>	11-27-48
Atlanta & Decatur, Ga.	1-15-49
Washington Field	2-23-51 9-10-51
New York City	9-10-51
793	
	4 .
2006	
	,
Ass St.	
Markey Constitution	

	CAF-9 EN	STRANCE SALA	RY \$1,149.50
,	S		
	DATE	GRADE	SALARY
* "	7-11-48 10-30-49 10-30-49 1-21-51 7-8-51 7-20-52 1-17-54 3-13-55 7-17-55 9-9-56	CAF-10 CAF-10 CAF-10 CAF 11 GS-11 GS-12 GS-12 GS-12 GS-12 GS-12	\$4525.80 \$4651.20 \$4981.20 \$5232 \$5400 \$5600 \$6400 \$7040 \$7240 \$7440 \$8000 \$8215 \$990
	1942 VERY	CIENCY RAT GOOD JVERY GOOD	

OPTIONAL FORM NO. 10
MAY 1962 EMITION
SOA DEM. MG. NO. 27

UNITED STATES GOVERNMENT

Memorandum

то	:	Mr.	Callahan

DATE: 12/2/71

_
_
_

b

Rosen Mohr _

Bishop ____ Miller, E.S. Callahan ___ Casper ____ Conrad ___

FROM :

SUBJECT: SA NICHOLAS J. PURCHIA

New York Office

Veteran

PERMANENT BRIEF

Entered on Duty
Reported to Field
Present Grade and Salary
Last Salary Change
Age
Place of Birth
Marital Status
Education

Member of Bar
Language Ability
1971 Annual Performance Rating
Offices of Preference since 8/62
Firearms Ability
Outstanding Endorsers
Relatives in Bureau
Offices of Assignment:
2/28/47 assigned
10/15/47 reported
12/3/47 Resident Agent

12/3/47 Resident Ager 11/27/48 reported 1/15/49 hdqrs. fixed 2/23/51 reported 9/10/51 reported 12/9/46
2/28/47
GS-13 - \$21,905
1/10/71 - Basic Increase
58 - Born 8/28/1913
New York, New York
Married - 2 Children
Bachelor of Science Degree
Bachelor of Laws Degree
New York State Bar
None
EXCELLENT
New York
Qualified
None
None

New Orleans
Knoxville
Oak Ridge, Tennessee
Atlanta
Decatur, Georgia
Washington Field
New York





DEC 8 Am

By letter dated 12-9-56 he received his Ten-Year Service Award Key.

His daily average overtime for January, 1 hour 31 minutes; February, 1 hour 33 minutes; March, 1 hour 35 minutes.

On 3-31-57 SAC J. J. Kelly rated him EXCELLENT and stated he was available for general or special assignment. He approached all investigative problems in a most mature fashion. He had been assigned to the Communist Front Unit and his work in particular had been in the field of Jewish matters. The major assignment he had had been that of the investigation of the Morning Freiheit. This investigation was of its nature most complex and he had most capably demontrated an ability to handle it. Paper work submitted by him was far above average and his work in general needed much less that the average amount of supervision. He was interested in and available for administrative advancement. It was believed that he could very capably carry out supervisory duties in the field and at the Seat of Government.

His daily average overtime for April, 1 hour 40 minutes; May, 1 hour 42 minutes; June, 2 hours, July, 2 hours 27 minutes; August, 2 hours 27 minutes; September, 2 hours 27 minutes; October, 1 hour 24 minutes; November, 2 hours 4 minutes; December, 2 hours 27 minutes.

On 1-12-58 he received a Basic Salary Increase to \$9890 per annum in GS-13.

His daily average overtime for January, 2 hours 35 minutes; February, 1 hour 31 minutes; March, 1 hour 33 minutes

On 3-9-58 he received a Uniform Promotion to \$10,130 per annum in GS-13.

On 3-31-58 SAC Powers rated him EXCELLENT and stated he was available for general or special assignment. He had continued to be assigned complex investigative assignments in the Internal Security field. He discharged all his assignments in a most conscientious willing fashion. All written work of his was considered far above average and his work in general needed only the minimum amount of supervision. He could be utilized on raids and dangerous assignments. He was available for administrative advancement; however, had indicated that he would desire to advance along investigative lines.

On 4-22-58 he was placed on the inactive list of Inspector's Aide inasmuch as he did not desire to advance along administrative lines.

His daily average overtime for April, 2 hours 32 minutes; May, 2 hours 35 minutes; June, 2 hours 24 minutes; July, 1 hour 56 minutes; August, 2 hours 34 minutes; September, 1 hour 38 minutes; October, 1 hour 56 minutes; November, 2 hours 23 minutes; December, 2 hours 18 minutes; January, 2 hours 8 minutes; February, March, no overtime recorded.

On 3-31-59 SAC Foster rated him EXCELLENT and stated he was available for general or special assignment. He had been assigned to the Internal Security Squad specifically that unit handling Communist front matters. These cases were of their nature complex and he had ably demonstrated his ability to handle complex investigative assignments. He was deemed qualified to participate in raids and dangerous assignments. He was not interested in administrative advancement.

His daily average overtime for April, 1 hour 47 minutes; May, 2 hours 22 minutes; June, 1 hour 26 minutes; July, 1 hour 34 minutes; August, 2 hours 22 minutes; September, 1 hour 29 minutes.

On 9-6-59 he received a Uniform Promotion to \$10,370 per annum in GS-13.

His daily average overtime for October, 1 hour 35 minuts; November, 2 hours 24 minutes.

He attended Security In-Service training from 11-2-59 to 11-13-59.

His daily average overtime for December, 1 hour 36 minutes; January, 2 hours 19 minutes; February, 2 hours 33 minutes; March, 1 hour 57 minutes.

On 3-31-60 SAC Foster rated him EXCELLENT and stated he was available for general or special assignment. He had been assigned cases involving the investigation of Communist front matters. He had handled these investigations in a most efficient manner. He was capable of handling the most complicated investigative matters. He was also capable of participating in raids and dangerous assignments. He was not interested in administrative advancement.

His daily average overtime for April, 2 hours 33 minutes; May, 2 hours 5 minutes; June, 2 hours 1 minute; July, 2 hours 29 minutes; August, 2 hours 24 minutes; September, 1 hour 46 minutes; October, 2 hours 25 minutes; November, 2 hours 36 minutes; December, 2 hours 13 minutes; January, 1 hour 34 minutes; February, 1 hour 45 minutes; March, 2 hours 41 minutes.

On 3-5-61 he received a Uniform Promotion to \$11,415 per annum in GS-13.

On 3-31-61 SAC Foster rated him EXCELLENT and stated he was available for general or special assignment. He was well liked by those with whom he came in contact. He had been assigned cases involving Communist Front Investigations. He had performed his duties in a most efficient manner. He was very enthusiastic and readily assumed responsibility. He used above average judgment. He was capable of handling the more complicated investigative matters. He was also capable of participating in raids and dangerous assignments. He was not interested in administrative advancement.

His daily average overtime for April, 2 hours 31 minutes; May, 2 hours 41 minutes; June, 1 hour 46 minutes; July, 1 hour 41 minutes; August, 2 hours 49 minutes; September, 1 hour 50 minutes; October, 2 hours 50 minutes; November, 2 hours 46 minutes; December, 2 hours 4 minutes; January, 2 hours 38 minutes; February, 3 hours 37 minutes.

On 3-31-62 SAC Foster rated him EXCELLENT and reported he had been assigned cases involving the investigation of Communist front organizations. He was considered a top-flight investigator. He was very enthusiastic, readily assumed responsibility, used above-average judgment, and was capable of handling the more complicated investigative matters. He presented a fine appearance. He had been alert to obtain names of those individuals who appear to be good potential informants and turned these names over to agents working actively in the Informant program. He assisted another agent in the development of a source resulting in technical coverage of an important convention in the New York area. He continued to be listed as being not interested in administrative advancement.

His daily average overtime for March, 1962 was 2 hours 14 minutes; April 2 hours 40 minutes; May 2 hours; June 2 hours 22 minutes; July 1 hour 32 minutes; August 2 hours 15 minutes.

On 9-2-62 he received a Uniform Promotion to \$11,675 per annum in Grade GS-13.

His daily average overtime for September, 1962 was 1 hour 59 minutes.

On 10-14-62 he r eceived a Basic Salary Increase to \$12,610 per annum in Grade GS-13.

His daily average overtime for October, 1962 was 2 hours 12 minutes; November 2 hours 9 minutes; December 2 hours 21 minutes. January, 1963 was 2 hours 3 minutes; February 2 hours 7 minutes.

He attended Advanced Security In-Service from 3-4-63 to 3-7-63 and again from 3-22-63 to 3-29-63.

On 3-8-63 the Director's note expressing sympathy was sent upon the passing of his Sister, Mrs. Victoria Eanni, who died suddenly.

On 3-31-63 Assistant Director in Charge Malone rated him EXCELLENT and reported he had been assigned cases involving investigation of Communist front organizations. Hehad shown an exceptional amount of initiative, resourcefulness, force and aggressiveness in handling his assignments.

He was very enthusiastic and hard working, and was the type of Agent who constantly applied himself to the best of his ability in any given situation. He readily accepted responsibility and discharged such with no supervision required. He was capable of handling the most complicated investigative matters and produced excellent results. He quality and quantity of his work had always been very high. He assisted another Agent in connection with the development of a Informant and had turned over several names to agents working full time on the Informant Program. He continued to be listed as being not interested in administrative advancement.

His daily average overtime for March, 1963 was 2hours 6 minutes; April 2 hours 11 minutes; May 2 hours 5 minutes; June 2 hours 36 minutes; July 2 hours 7 minutes; August 2 hours 10 minutes; September 2 hours 15 minutes.

On 10-16-63 he was COMMENDED, THROUGH ASSISTANT DIRECTOR IN CHARGE MALONE, along with the agents in the New York Division who contributed so effectively to the contacts of several highly confidential sources of information in the security field. (RE: Communist Party, USA, Internal Security - C.)

His daily average overtime for October, 1963 was 2 hours 21 minutes; November 2 hours 8 minutes; December 2 hours 30 minutes.

On 1-5-64 he received a Basic Salary Increase to \$13,265 per annum in Grade GS-13.

His daily average overtime for January, 1964 was 2 hours 5 minutes; February 2 hours 28 minutes.

On 3-31-64 Assistant Director in Charge Malone rated him EXCELLENT and reported he had continued to be assigned cases involving investigation of Communist front organizations, especially involving the Jewish field. He had shown above-average initiative, resourcefulness, force and aggressiveness in the handling of these assignments and was the type of Agent whoseonstantly gave his very best to his work. He was capable of handling the more complicated investigative matters. He was able to participate in raids and dangerous assignments. He had the type of cases which present almost an unsurmountable problem in developing informants. He had interviewed and assisted in interviews of numerous individuals for the purpose of developing informants, but this had met with negative results. He was very alert to the need for informants. He continued to be listed as being not interested in administrative advancement.

His daily average overtime for March, 1964 was 2 hours 8 minutes; April 2 hours 8 minutes; May 2 hours 21 minutes; June 2 hours 1 minute.

On 7-5-64 he received a Basic Salary Increase to \$13,755 per annum in Grade GS-13.

His daily average overtime for July, 1964 was 2 hours 22 minutes.

On 8-30-64 he received a Within-Grade Increase to \$14,175 per annum in Grade GS-13.

His daily average overtime for August, 1964 was 2 hours 30 minutes; September, 2 hours 13 minutes; October, 2 hours 5 minutes; November, 2 hours 6 minutes; December, 2 hours 13 minutes; January, 1965, 2 hours 3 minutes; February, 2 hours 41 minutes.

On 3-31-65 he was rated EXCELLENT with comments that he was assigned cases involving investigations of Communist front organizations, especially those involving the Jewish field. He was considered to be above average, experienced and he did a superior job on all the cases he investigated. He was above the average in initiative, resourcefulness, force and agressiveness and he was most loyal and had an outstanding attitude. He was always most cooperative and readily accepted responsibility. He was capable of handling complicated investigative matters and he required a minimum of supervision. He developed a Panel informant and was not interested in administrative advancement.

His daily average overtime for March, 1965 was 2 hours 5 minutes; April, 2 hours 16 minutes; May, 2 hours 11 minutes; June, 2 hours 13 minutes.

By letter dated 7-2-65 he was COMMENDED, through Mr. Malone, along with others who participated so capably in the investigation of the Destruction of Government Property case involving Robert Steele Collier and others.

His daily average overtime for July, 1965 was 2 hours 7 minutes; August, 2 hours 10 minutes; September, 2 hours 5 minutes.

On 10-10-65 he received a Basic Salary Increase to \$14,685 per annum in Grade GS-13.

His daily average overtime for October, 1965 was 2 hours 3 minutes; November, 2 hours 9 minutes; December, 2 hours 24 minutes; January, 1966, 2 hours 10 minutes; February, 2 hours 3 minutes.

On 3-31-66 he was rated EXCELLENT with comments that he handled investigations involving Communist front organizations, especially the Jewish field. He demonstrated himself to be far above the average and showed outstanding initiative, resourcefulness, force and aggressiveness. He was most loyal and had an outstanding attitude and was always cooperative and willing. He was considered to be the type of agent who could handle the

most complicated investigative matter without any supervision and who could always be depended upon to do an outstanding job. He handled one Panel Source during the rating period and continued to be not interested in administrative advancement.

His daily average overtime for March, 1966, 2 hours 13 minutes; April, 2 hours 15 minutes; May, 2 hours 19 minutes; June, 2 hours 3 minutes.

On 7-3-66 he received a Basic Increase to \$15,113 per annum in Grade GS-13.

His daily average overtime for July, 1966, 2 hours 4 minutes.

On 8-28-66 he received a Within-Grade to \$15,561 per annum in Grade GS-13.

His daily average overtime for August, 1966, 2 hours 6 minutes; September, 2 hours 21 minutes; October, 2 hours 17 minutes; November, 2 hours 8 minutes.

By letter dated 12-9-66 he was awarded his 20-Year Service Award Key.

His daily average overtime for December, 1966, 2 hours 9 minutes; January, 1967, 2 hours 2 minutes; February, 2 hours 5 minutes.

On 3-31-67 he was rated EXCELLENT with comments stating he had been assigned cases involving the investigation of Cominfil and Communist front@organizations. He could handle the most complicated investigative matter without any supervision and his work was always far above average. He was not interested in administrative advancement.

His daily average overtime for March, 1967, 2 hours 8 minutes; April, 2 hours 17 minutes; May, 2 hours 5 minutes; June, 2 hours 6 minutes; July, 1 hour 42 minutes; August, 2 hours 48 minutes; September, 2 hours 21 minutes.

On 10-8-67 he received a Basic Increase to \$16,207 per annum in Grade GS-13.

His daily average overtime for October, 1967, 2 hours 47 minutes.

By letter dated 11-3-67 he was COMMENDED for the quality of his work pertaining to a recent demonstration in the Washington, D. C., area.

His daily average overtime for November, 2 hours 17 minutes; December, 2 hours 14 minutes; January, 1968, 2 hours 8 minutes; February, 2 hours 44 minutes.

On 3-31-68 he was rated EXCELLENT with comments stating he had been assigned cases involving investigations of Cominfil and Communist front organizations, especially those involving/Jewish field. He had consistently proven that he could handle the most complicated investigative matters without any supervision. He was not interested in administrative advancement.

His daily average overtime for March, 1968, 2 hours 11 minutes; April, 2 hours 46minutes; May, 2 hours 5 minutes; June, 2 hours 4 minutes.

On 7-14-68 he received a Basic Increase to \$17,289 per annum in Grade GS-13.

His daily average overtime for July, 1968, 2' 49"; August, 2' 5"; September, 2' 43"; October, 2' 9"; November, 2' 7".

He attended In-Service training in Advanced Security - Communist Matters from 11/25/68 to 12/6/68.

His daily average overtime for December, 1968, 2' 39"; January, 1969, 2' 20"; February, 2' 36".

on 3/31/69 he was rated EXCELLENT and comments reflected that he carefully supervised his own work, meeting all deadlines, and invariably dids a superior job. He had consistently proven he could handle the most complicated investigative matters with a bare minimum of supervision. He was a dependable, conscientious person. He voluntarily participated in extra duty assignments. He was not interested in administrative advancement.

His daily average overtime for March, 1969, 2' 48"; April, 2' 8"; May, 2' 43"; June, 2' 13".

On 7/13/69 he received a Basic Increase to \$18,974 per annum in GS-13.

His daily average overtime for July, 1969, 2' 9".

On 8/24/69 he received a Within Grade Increase to \$19,501 per annum in GS-13.

His daily average overtime for August, 1969, 2' 47"; September, 2' 11"; October, 2' 11"; November, 2' 48".

On 12/28/69 he received a Basic Increase to \$20,673 per annum in GS-13.

His daily average overtime for December, 1969, 2' 28"; January, 1970, 2' 18"; February, 2' 46".

On 3/31/70 he was rated EXCELLENT and comments reflected that he carefully supervised his own work, meeting all deadlines, and invariably did a superior job. He readily accepted responsibility, was always willing to be of assistance and was most cooperative. He was not interested in administrative advancement.

His daily average overtime for March, 1970, 2' 5"; April, 2' 4"; May, 2' 29"; June, 2' 5"; July, 2' 5"; August, 2' 27"; September, 2' 30"; October, 2' 30"; November, 2' 3"; December, 2' 28".

On 1/10/71 he received a Basic Increase to \$21,905 per annum in GS-13.

His daily average overtime for January, 1971, 2' 6"; February, 2' 26".

On 3/31/71 he was rated EXCELLENT and comments reflected that he was a dependable conscientious Agent, who carefully supervised his own work and invariably did a superior job. He readily accepted responsibility, was always willing to be of assistance, and was most cooperative. He was not interested in administrative advancement.

His daily average overtime for March, 1971, 2' 7"; April, 2' 28"; May, 2' 5"; June, 2' 8"; July, 2' 30"; August, 2' 17"; September, 2' 30"; October, 2' 13".





PURCHIA NICHOLAS J NAME 069-16-6407 SOC. SEC. NO.

C LIVII LOTEL NO.	NAME		• • • • • • • • • • • • • • • • • • •
DATE	1 ST. PREFERENCE	2ND. PREFERENCE	3RD. PREFERENCE
8- 1-62	NEW YORK		
2-26-79	NEW YORK Mew Gork		
			,
·		*	• • • • • • • • • • • • • • • • • • • •

67-NOT RECORDED

FBI PERSONNEL STATUS FORM

(J. I) Brandski Director of the Color	(Please type or pri	nt clearly)	DATE	2/1/75	
MY STAGUSIWITH RESPECT TO THE ITEMS NAME CLUGS, first, middle - as it appears of	BELOW IS AS FOLLOWS: n Bureau Rolls)	(B) DATE	OF BIRTH	(C) SOCIAL SECURITY NI	UMBE
PURCHTA, NICHOLAS J. MARITAL STATUS: SINGLE	MARRIED DIVOR	8/2	SEPARATED	069-16-640	
SPOUSE: NAME (maiden if female)	MARKINED DIVOR	<u> </u>	SEPARATED	MIDOM MIDOME	<u> </u>
	-		•		_
RESIDENCE ADDRESS IF IT DIFFER		<u> </u>			
PLACE OF EMPLOYMENT	USEWIFE				<u> </u>]
NAMES OF YOUR IMMEDIATE RELATIVES	: (if deceased, so state) (use suppl	emental sheet	if necessary)]
1. CHILDREN, STEPCHILDREN, THEIR SPOUS	ES RELATIONSHIP	(if known)	RESIDENCE	(City and State) (if known)	
	SOH		ı		
	SOM				
		 			
				©	
2. PARENTS (including foster parents, stepparen ian, etc.), BROTHERS, SISTERS & THEIR SP	ts, guard- RELATIONSHIP	(i) known)	· · · · · · · · · · · · · · · · · · ·	(City and State) (if known)	
PAUL PURCHIA	FATHER		EASED		
MAMIE'IL	MOTHER	23	TIOEAS	7237.SV., BRONY.	<u> </u>
	BROTHER	2			
VICTORIA EANNI	SISTER	DELE	457-D		
	BROTHERI				
				· · · · · · · · · · · · · · · · · · ·	
		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
		 	<u> </u>		
3. YOUR SPOUSE'S PARENTS, BROTHERS & S	ISTERS RELATIONSHIP	(if known)	RESIDENCE ((City and State) (if known)	
WALTER CUMNINGH	AM FATHER IN				
MARION (1	MOTHER IN	LAW	11		
	BROTHER 1	LAW			
<u> </u>		<u> </u>		_	
		 			
				•	
and a second of					

(OVER)

· .

NAME	EXACT RE	ATIONSHIP	PRESENT EMPLOYEE FORMER EMPLOY			
	NEPHE	w	SPECIAL AG	EIAL		
NAMES OF ALL RELATIVES INCLUDING THOSE BY MA	RRIAGE NOW	IN GOVERN	MENT SERVICE: (ex	cluding FBI)		
NAME	EXACT REI	ATIONSHIP	GOVERNMENT AGEN	ICY WHERE EMPLOY		
			1			
ORGANIZATIONS: ALL EMPLOYEES list all organization	ns to which you	ı presently b	elong - do not abbrev	iate. ONLY SPEC.		
ORGANIZATIONS: ALL EMPLOYEES list all organization AGENTS list former membership in Both honorary or professional groups while	y Scouts (indic in college. NO	ating exact i N-AGENTS	ank attained) and aff need not list former n	iliation with fratern iemberships at any		
	PRESENT	FORMER				
NAME	(All Employees)	(Agents Only)	CITY A	ND STATE		
	Enquoyees)	Olay				
		[``,				
			· · · · · · · · · · · · · · · · · · ·			
current school attendance status (NON-AGEN				NY OTHER TYPE		
OF SCHOOL? NO YES INDICATE NAME OF INS	TITUTION AND	SUBJECTS IN	WHICH ENROLLED.			
			·	· · · · · · · · · · · · · · · · · · ·		
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:						
NAME			RELATIONSHIP	LIFE		
· · · · · · · · · · · · · · · · · · ·			RELATIONSHIP			
STREET ADDRESS 91 BLAUVEL	1 5/0	1661				
CITY AND STATE TEANECK, N.	<u>J.</u>		ZIP CODE	07666		
ų	,			a		
			リーワンレ	Ti .		
Current Addr:	$\mathcal{I}_{\mathcal{A}}$	1 class	AM X MAS	chio-		
91 Blauvelt St.	\mathcal{A}	1 chot	dignature)	chea		
	A	i chot	as Xur Vignature)	chea_		

				(Pleas	e type o	r print)						
Name (As it appear	s on Bur	eau rolls) N 1 a	CHOLK	15 J	- 4	URC	HIA		Dat	te 7-28-6	60	
Check one: S	A 🗷	SAA 🗆		Date			8-13		EO	D 12-9-	46	
					Educatio	 						
	me of Sch			Loca	tion	From	ates To	(Give desc	riptiv	Degree e title, i.e., E	3S in Civi	l Eng.)
College FORD	HAM	COLLEG	E	NEW ?	ORK	1930	1934	D.C.				
							1	BS.		AL SCIE	NC &	
			,				ļ			SOPHY	,,,,,,	
Graduate School	m 1/1	VIVERSIT	- y	HEW	YORK	1935	1938	1 ,				
FORDHAM UNIVERSITY LAW SCHOOL							i	Major	D. An			
•							1	Minor				
Miscellaneous or Sp (Include Vocational				* A		3 : :	 		•			
List all college cou	rses stud	lied in mathemat	ics, engin	eering an	d scienc	es, inc	luding che	emistry, ph	ysics,	biology, radio	o, commur	nica-
Course	Hours	er degree obtain Cours		Hours		Cours		Hours		Course	! I	lours
CHEMISTRY	16		· · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	 		· · · · · · · · · · · · · · · · · · ·		
PHYSICS	16			1				1				
	İ			!				I I			i !	
BARS: Federal		Year St	ate <u>#</u> E	WYOI	QK_	Year 2	<i>939</i> cp	A (State)			Year	
Other												
(Evaluate your profi	aianau in	agah nhasa ga		oreign Lo				efactom: 1				
	of Langu		Rec		Wri	_	1	eak	Uı	nderstand	Transla	ite
MOHE	·					,				·		
77077			<u> </u>	+							<u> </u>	
			<u> </u>								<u> </u>	
					(D (· . · ·				.,		
			 	Native	of Prof	eau	·	i No. Y	·re	Foreign	Bur. Tes	t Taker
No	me of Lo	ınguαge		Tongu		ool	Academi		ed	Assignment	Yes	No
								1				
								1				i
						- <i>.</i>		1				!
If you can handle ar	y foreign	language or la	nguages fl	uently wi	th little	or no he	esitation,	and withou	t use	of a dictionar	y specify	same.
If you have had any	TRAINI	IC or FYDERIF	NCF in th	e writing	field in	cluding	newsnane	r reporting	writi	ing for a perior	dical and	 \ \
creative writing of a	my kind,	set forth as fol	lows:	1				· reporting	*******			
Training No. of Hours				Exp	erience		i	P	eriod of Exper	ience		
NoNE	U R	ECORD	EDI					į į				
1	U AUG	23 1950						l I				
								<u> </u>				
				L								180

		Previous E	mployment		
Т	Type of work and in what	capacity		Proficiency	Period of Experience
LIEGAL .	- CLERK AND MI	anaging A	TORNEY	600 D	2 YRS
	•	Vocations ar	nd Avocations		
Give detailed information the contraction of the contract of t	on regarding any special	knowledge, abili	ties, talents, l	hobbies, trades, et	c., you possess, including
Vocation or	Avocation	Professional	Amateur	Proficiency	Period of Experience
NOME	· · · · · · · · · · · · · · · · · · ·				
				1 1	
			vocations or a	vocations is suffic	ient so that you could use it as
cover in an undercover	dssignment, identity sar	me.			
		Foreign	Travel		
ist all foreign countrie	s you have traveled in: ir			re.	
					ELYRMONTHS EACH TH
THILIPPINE	13-LAHDS - WOR	<u>ペトカ WAR II</u> Military	Training	· GMOHTHS	· · · · · · · · · · · · · · · · · · ·
	GENERALS DEP	Tates of Service	<u> </u>		Rdnk Christin
pecialized Military Tra			.33 •		
To you interested in Ea					
		p			
, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , ,	Practical Expe	erience in Rad	lo	
State degree of proficie	ncy and length of time sp	ent)		· · · · · · · · · · · · · · · · · · ·	
mateur Radio				Licenses Held	
Commercial Radio Opera					
		cian			
xperimenter or other _					
nternational Morse Code	: Transmit	W.P.M.	Rece	iveW	.Р.М.
echnical Knowledge of	any Electronic Devices				
		Miscel	laneous		
ist any other information	on, qualifications and acc	complishments.			
				٧ - چ	•
,		18 14 18 1	V 34 45	.\ \ \ \	
					% / X X X X
				· ·	A Commence of the Commence of
				•	
R	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 m X 1	2 5 2 2 4		
•	•	•		•	
	•				
1.				,	1. 4 1. 1 1. 1 1. 1 1. 1 1. 1 1. 1 1. 1
·		. 14 - **	14.51.1	1 (17)	X + 20 X - 20 X
Vocation of Avocation Professional Amsteur Proficiency Period of Experience					

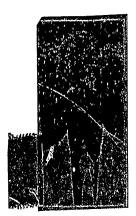


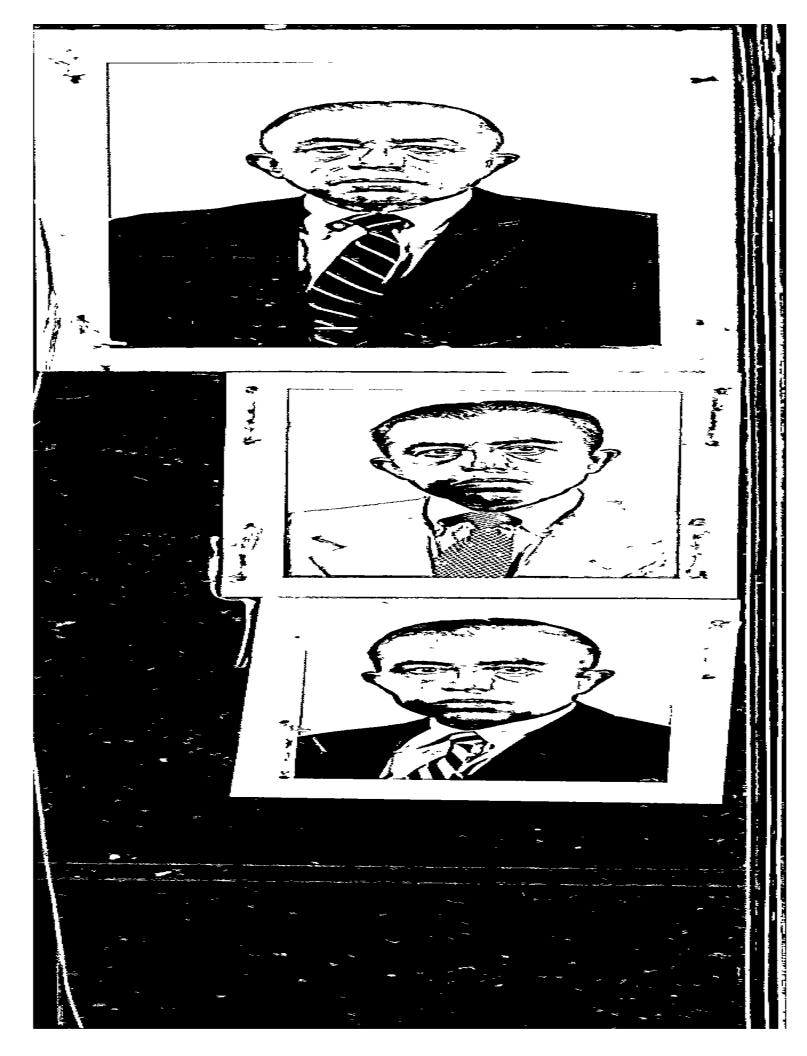
DOCUMENT (S) CANNOT BE SCANNED

DESCRIPTION:

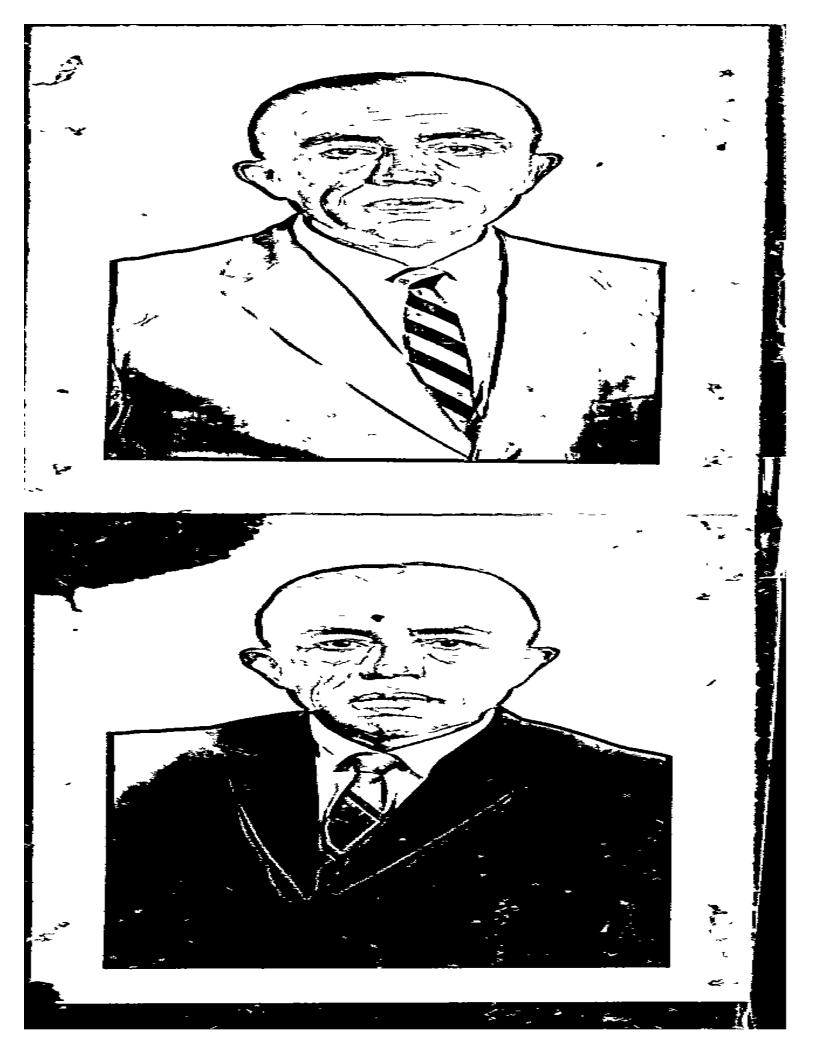
PHOTO NEGATIVES

Nicholas J. Purchia 9-72

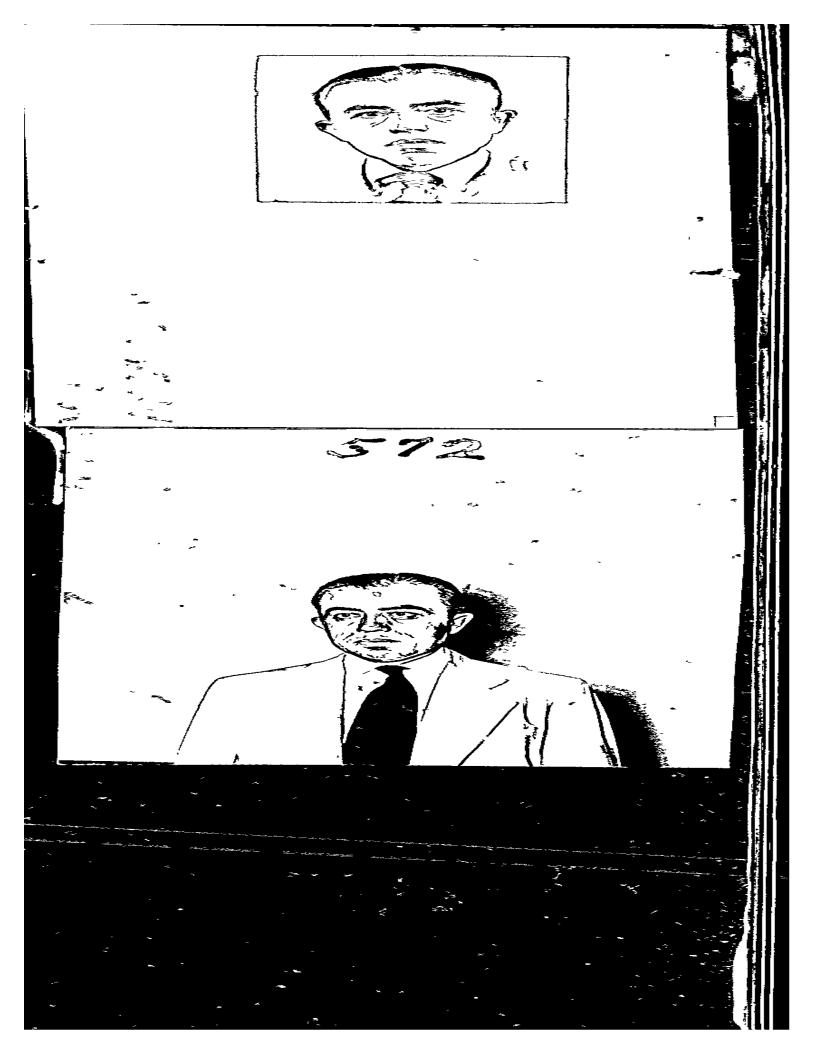




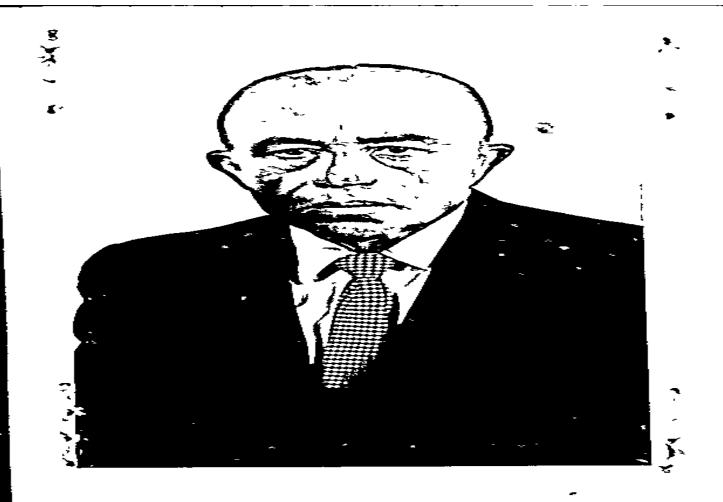
PURCHIA N.J. Purchia



MICHOLAS 7-1-61 473 PURCHIA NICHOLAS PURCHIA 6/ 5 3 2



10holas 756 NICHOLAS J. **6**





PERCHIA, NICHOLAS J. 1967 AUG 11CHOLAS PURCHIA #76

· · · · · · · · · · · · · · · · · · ·		ži .	
	o		3
	, (m, n, 1, 1, 1)		,
	NIC	HOLAS J. PURCHIA-	L484
			·
			b6 b7C
	legar .		
			,
			, i
			,
_			
T CERTIFOTHAT THE AB ON 71	OVE 102 CREDENTIAL F	AVE BEEN DESTROYE	D BY
OÑ7ī	2-23-75.	FILE ON	
	Andre Andrew		

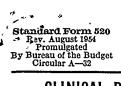
The state of the s				
	Pafient's N	 ame:s <u>*** ••* ste</u> e		
		Date:		
	(Gade <u>**</u>			, ,
,	As Case or Se	rvice Norman		
	• Organizatii	on <u></u>		
				`
•	- (768)	1982		•
	150	MELLAN		. ;
Author Text School of the Control of		F 1401-67		Manufacture designation (September 2014)
Section of the sectio		23 - 196 8		
			The second of th	
e e e e e e e e e e e e e e e e e e e		5/08/67-11 ₀₅ :		
	I	\mathcal{J}		
· · · · · · · · · · · · · · · · · · ·		WELLISTON OF	IORU, Alie indicininini in the second	<u> </u>
,		Table 1		
,				
* * * * * * * * * * * * * * * * * * *				,
and the second of the second o				
70				
The state of the s	CODED			*
67-NOT REC		1.5		
				na a a a a a an an an an an an an an an

DOCUMENT(S) CANNOT BE SCANNED DOC LAB

DESCRIPTION:

negatives

			T SHARE TO SHARE THE SHARE
		∕MEDICAL REPORTS	
	Personnel/Fil	MEDICAL REPORTS BUB CHIA, NICHOLE BE NO.	95 <u> </u>
		3/ ₁	



U. S. GOVERNMENT PRINTING OFFICE: 1954—O-309813

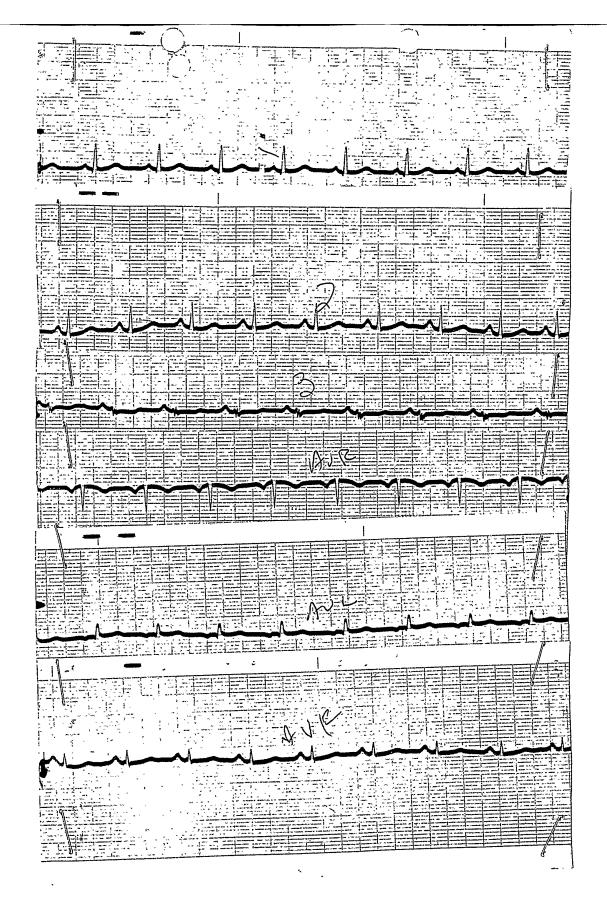






(Attach tracings to S. F. 507)

CLINICAL RECORD			E	ELECTROCARDIOGRAPHIC RECORD PREVIOUS ECG					
				 	XYES 1957	NO			
-INICAL IMPI	RESSION			ROUTI:	ne	MEDICA	ATION .		
								☐ EMERGENCY	1_
								ROUTINE	AMBULANT
se sex	RACE	HEIGHT	WEIGHT	B. P.	1	RE OF WARD P			DATE
	W	518	167		T.	A BARBER		1	TT 90TIT
YTHM						AXIS D	EVIATION (QRS)	RATES	
ITERVALS							·	AURIC.	VENT.
PR	QR)e	QT			P WAVE	.5		
RS COMPLEX						<u>J</u>			
NS COMPLEX	.5.0								
S-T SEGMEN	IT					T WAVE	ES		
NIPOLAR EX	TREMITY L	EADS (Speci	fy)						
		`							
	1								
						•			
							•		
RECORDIAL I	EADS (Spec	cify)							
							· ·	324	
	4							3 -4	
						-			
	P								
								~	
			,						_
				_					•
-									
UMMARY, ŠE	RIAL CHAN	IGES, AND II	MPLICATIO	NS:					
	NOR	MAL SIN	US RHYT	HM AN	D INTRA	VENTRI CUL	AR CONDUCTION	n time	
	NOR	MAL REC	ORD						
			_	00					
			<u> </u>	ν .	Continue	on reverse)			
10.		SIGNATI	程0 /	r KA	NF	TITLE		DA	TE
ECG Al	151 FBI	S.Simil		LEIF	ir yid				14 JULY 5
-	NTIFICATI	<u> </u>		n entries	give: Name	—last, first.	REGISTER NO.		ARD NO.
ATIENT'S IDE				. hoenite	Las madical	facility)		, ,,,	
ATIENT'S IDE	HTA. NT	Middle;	grade; date	, nospite	ii oi mealear	,	1	I	
PURC	HIA NI	CHOLAS	grade; date	, nospite	ir or medicar		DISPENSARY NYC		



Du Rehin Nicholas 5

11 Jaly 8 W

Standard Form 520
Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A—32

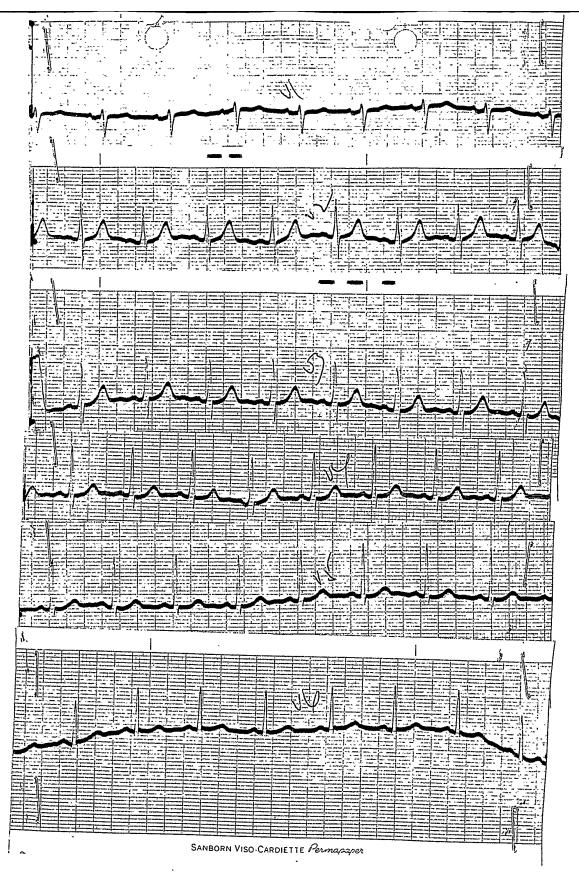




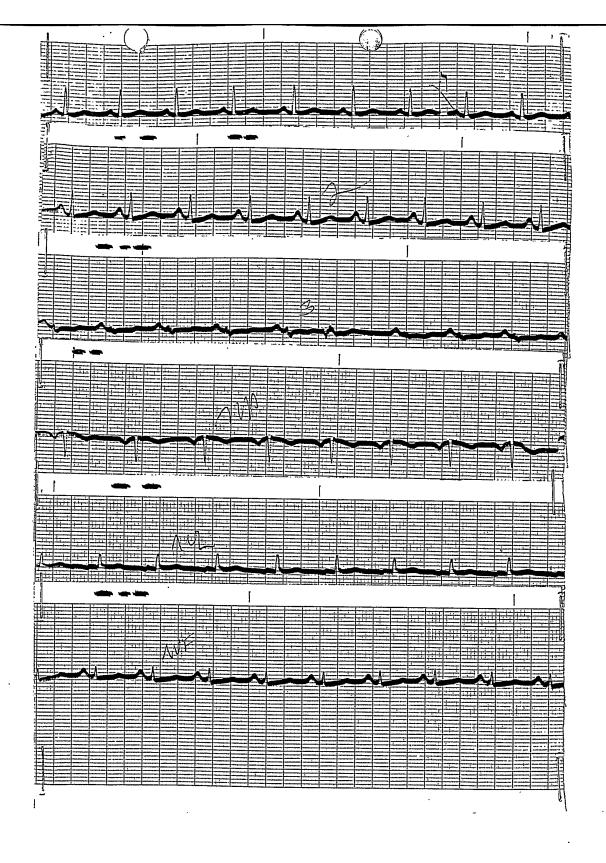


CLINICAL RECORD			ELECTROCARDIOGRAPHIC RECORD					PREVIOUS ECG			
CLINIC	AL IMPRE	SSION		<u> </u>			MEDICATIO	ON .	1	1	
,									☐ EMERGENCY	☐ BEDS	
AGE 46	SEX M	RACE	HEIGHT 518	weighт 163	B. P.	SIGNATURE OF V D FR	WARD PHY			DATE 25	NOV
RHYTH	M	Re	gular		. 		AXIS DEVI	ATION (QRS)	RATES AURIC. 90	VENT.	90
INTER	.16 Se	C QR	s •08	Se c a	ır		P WAVES	Diphasic AV	L		
QRS C	OMPLEXE	3				, , , , , , , , , , , , , , , , , , , ,					
RS-T	SEGMENT		9.				T WAVES	Low 3, AVL,	AVF & V6	ī .	
UNIPO	LAR EXTR	EMITY L	EADS (Spec	ify)							
					One				_		
					one	premature a	iuriculai	r contractio	n		
						-					
									•		
									•		
PRECO	RDIAL LE	ADS (Speci	(fy)				· · · · · · · · · · · · · · · · · · ·			.	
										-	
						•					
				τ							
						•					
SUMM	ARY, SERI	AL CHANG	GES, AND I	MPLICATI	ONS:			<u></u>	·-··		
			, m	D. CTNO	. T O 177	TOTAL SEAS			,		
	*		T	RAULING	Y TO MT	THIN NORMAL	L LIMITS				
						•					
			,							•	*
			0	7		(Continue on r	everse)				
NO.	- A286	3 FBI	SISMAT	ASO BERARI	INELLI	well	TITLE	· · · · · · · · · · · · · · · · · · ·	l l	TE NOV	
PATIE			<u>.'</u>			s give: Name—last, al or medical facili	first, ty)	REGISTER NO.		ARD NO.	

ELECTROCARDIOGRAPHIC RECORD Standard Form 520 (Attach tracings to S. F. 507)



Papelia Nicholas J



Porchia Nicholas),

25 Nov 59

JBF

Standard Form 520 Rev. August 1954 Promulgated By Bureau of the Budget Circular A—32







U.S. GOVERNMENT PRINTING OFFICE: 1959-0-512637

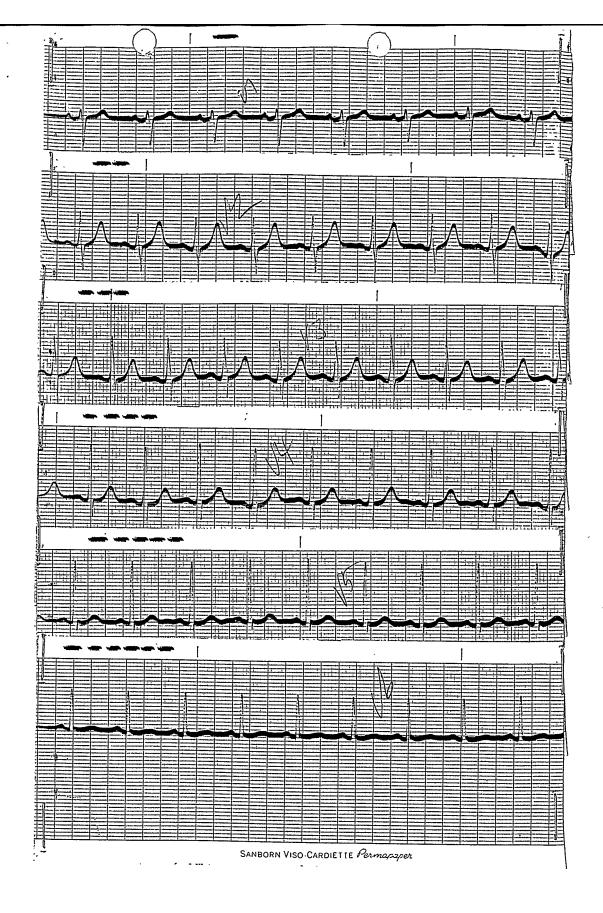
	culai A 02		- 020-10							PREVIOUS	FCC		
	CLINICA	AL REC	ORD	F	ELECT	ROCAR	DIOGR	APHIC	RECORD	YES		□ мо	
CLINIC	AL IMPRE	SSION		!				MEDICATIO	N N				
										☐ EMERGE	NCY [BED	SIDE
		₹²								ROUTIN	NE [AMBU	LANT
AGE 46	SEX M	RACE	неібнт 5 18	WEIGHT 162	в. р. 130/8			VARD PHYS				DATE 22	June
RHYTH	iM	•	'		·		1	AXIS DEVI	ATION (QRS)	RATES			
		Si	nus							AURIC.	84,	ÆNT.	84
INTER								WAVES					
	.16		es 0.08	Q7	Γ								
QRS C	OMPLEXE	S											
RS—T	SEGMENT							T WAVES	Diphasic 3	····	-		
LINURG	AB EVTE	DEMIZZ I	FADC (Cnas	26.0					Diphasia 3	, 			
UNIPO	LAR EXIF	KEMIIY L	_EADS (Spec	(עני									
					Low	T - AV	T.						
											2		
											*		
		(%	***										
PRECC	RDIAL LE	ADS (Spec	<i>:1]Y)</i>										
											,		
	1	(
						*							
					*								
													
SUMM	ARY, SER	IAL CHAN	NGES, AND I	MPLICATIO	UNS:								
					WITH	IN NORM	IAL LII	IITS					
								•					
				•									
												*	
)									
			(/	,									
			\ <u>/</u>	202		<u>^</u>							
				160-		(Continu					Ī —		
	₃ A127		S D BE	RARDIN	ELLI	LT COI	L MC	TLE			23	June	≥ 60
PATIE	NT'S IDEN	TIFICATI	ION (For typ	ed or writt	en entrie	s give: Nan	ne—last, fi	rst,	REGISTER NO.		WAF	ED NO.	
	PURC	HIA N	VICHOLAS	3°'J''', ""'	, 1p16			'					

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

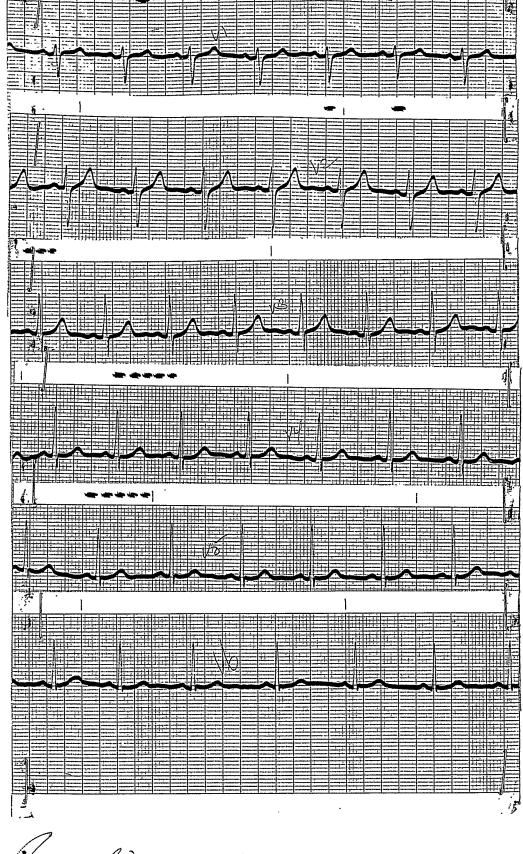
(Attach tracings to S. F. 507)

all of 2 26 69-23370 10 200 7

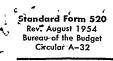


Purchia Micholas

25 Nov 54



Purchia, Micholas









* U.S. GOVERNMENT PRINTING OFFICE : 1960 OF-537864

CLINICAL RECORD			ELECT	ROCARDIO	GRAPHIC	RECORD	PREVIOUS ECG		
CLINICAL IMP	RESSION			,		MEDICATION		1121120 220	1
						inabioxii.		☐ EMERGENCY	BEDSIDE
GE SEX	RACE	HEIGHT	WEIGHT	B. P.		OF WARD PHY			DATE
7 M	Cau	5'8"	162		V.D	. FRANCIS	, M.D.		15 May
НҮТНМ						AXIS DEVI	ATION (QRS)	RATES	
					···			AURIC.	VENT.
TERVALS						P WAVES			
PR	QR	S		T					
RS COMPLE	KES								
S-T SEGME	NT			···		T WAVES	X.		
NIPOLAR EX	TREMITY L	EADS (Spec	ify)						,
								*	
ħ									
		4.3							
					* · r				
RECORDIAL	LEADS (Speci	ifu)			· · · · · · · · · · · · · · · · · · ·				
							`		
The state of									
₹									
1						-			
UMMARY, SE	RIAL CHANG	GES, AND II	MPLICATI	ONS:					
NO	ORMAL SI	NUS RH	A MHTY	ND IN'	TRAVENTRIC	ULAR COND	UCTION TIM	E	
						,			
NC	RMAL RE	CORD							
			0	/)	(Continue				
		1 21 1	Le la	}	(Continue on				
		SUSTRATE	175/1	<u> </u>	7 -	TITLE		DA	TE
_{ECG} A101:	Ĺ FBI	M.R.	SCHLE	IFER,	M).D.				to may
ECGA101		M.R.	SCHLE	IFER,	M),D . s give: Name—las al or medical fac	st, first,	REGISTER NO.		16 May 6

PURCHIA, Nicholas J. Sp Agt

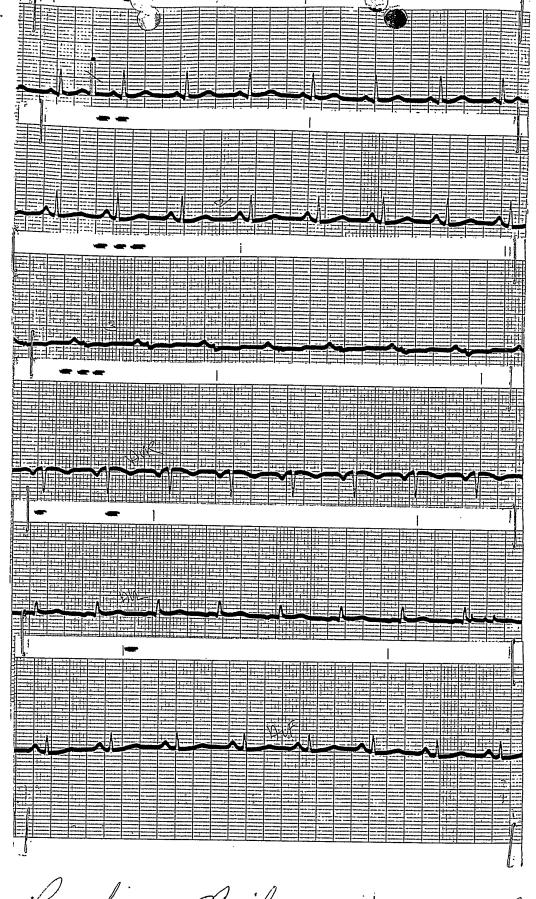
CIROCARDIOGRAPHIC RECORD

Standard Form 520

520-103

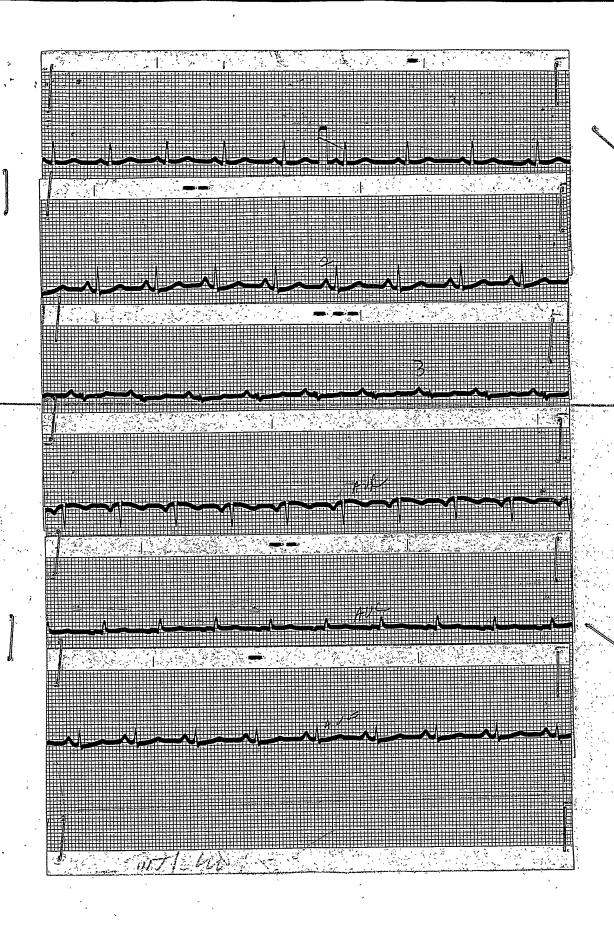
(Attach tracings to S. F. 507)

Oct #2 to 67 - 23 370 98



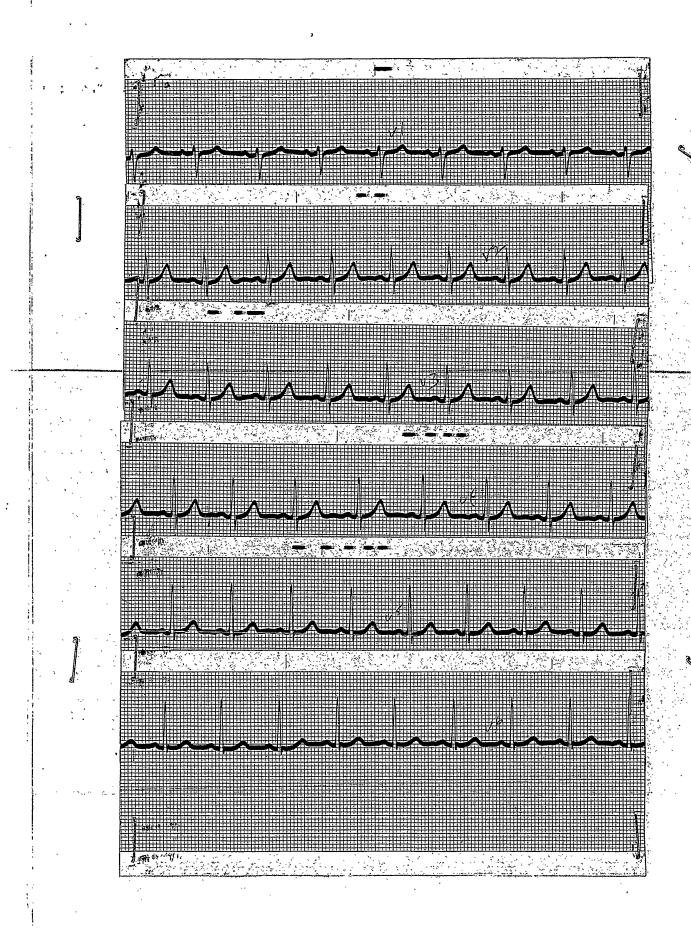
Peirchia, Michalas X.

22 June 60



Burchia Incholes -) 15-may 6, -

News



 \sim

Standard Form 520 Rev. August 1954 Burequ of the Budget Circular A-32



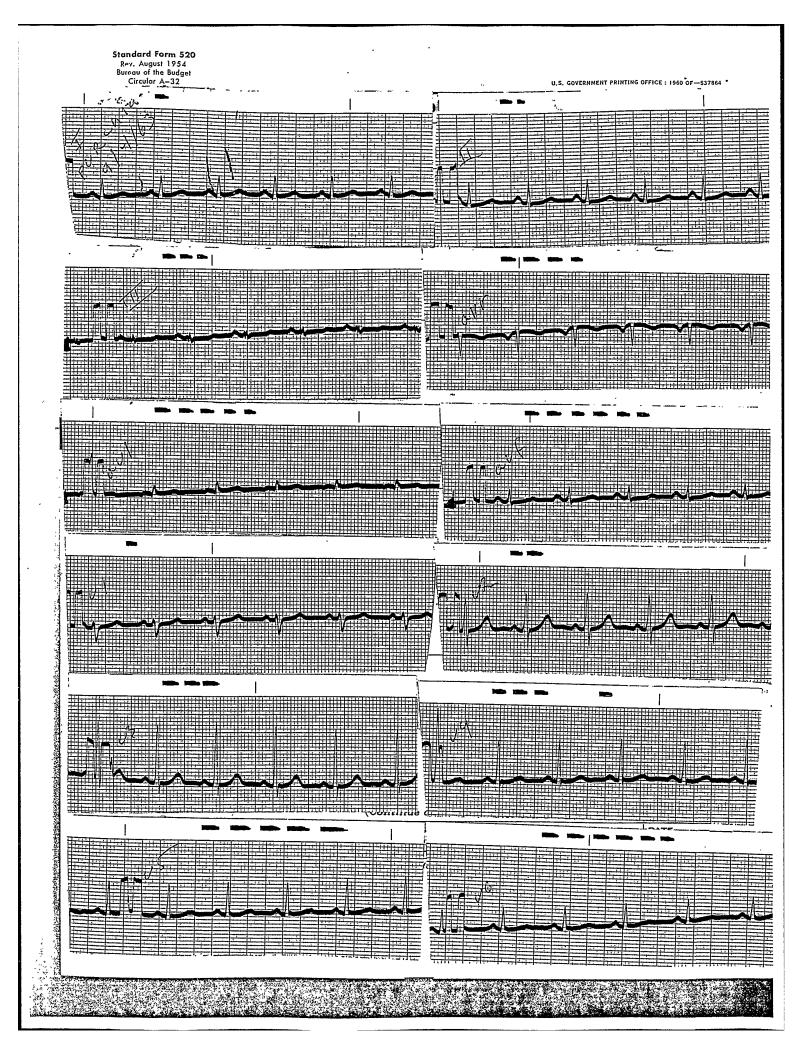
(Attach tracings to S. F. 507)

TROCARDIOGRAPHIC RECORD
INDUANDIUGNATIIC RECOND
MEDICATION YES NO
MEDICATION ☐ EMERGENCY ☐ BEDSIDE
ROUTINE AMBULANT
SIGNATURE OF WARD PHYSICIAN DATE
US AXIS DEVIATION (QRS) RATES VENTRAL AURIC, 80 VENT. 80
P WAVES
T WAVES
Processing the second
. Also the second of the secon
Je V
A / magain, sager
•
•
$\wedge / \wedge / /$
$\mathcal{N}\mathcal{N}\mathcal{L}$
(Continue on reverse)
(Continue on reverse)
(Continue on reverse)
(Continue on reverse) TITLE
(Continue on reverse) TITLE PATE TITLE Ties give: Name—last, first, pital or medical facility) REGISTER NO. WARD NO.
(Continue on reverse) TITLE

Standard Form 520 Rev. August 1954 Bureau of the Budget Circular A-32 CLINICAL RECORD CLINICAL IMPRESSION AGE SEX RHYTHM INTERVALS QRS QRS COMPLEXES RS-T SEGMENT UNIPOLAR EXTREMITY LEAF PRECORDIAL LEADS (Specify) SUMMARY, SERIAL CHANGES NO. ECG PATIENT'S IDENTIFICATION (For typed or written entries giver Name—last, first, middle; grade; date; hospital or medical facility) ELECTROCARDIOGRAPHIC RECORD Standard Form 520

520-103

(Attach tracings to S. F. 507)







U.S. GOVERNMENT PRINTING OFFICE: 1960 OF-537864

	CLINICAL RECORD ELECTROCARI			BOCABBIOG	OGRAPHIC RECORD			PREVIOUS ECG					
				עאט		ELECI	MUCANDIUG	MAPHIC	MECUI	(D	YES	□ NO	
	CLINIC	AL IMPRE	SSION					MEDICATI	ION				
											☐ EMERGENCY	BEDSIDE	
							,				ROUTINE	AMBULANT	
	AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF	WARD PHY	YSICIAN			DATE	
		<u> </u>	 	1 1	. ,,	<u> </u>	<u> </u>	·	10:00	 			
, Œ		11117-11-			<u> </u>	111	リン	· · ·	Dill			- January Indiana - Indian	
#									は単数	抽抽里			
										田田田			
E .		田田田	掘曲										
	11117	2000											
E		ya w	well ch				A A LINE						
#													
#													
揰													
1	an talahi	111111111111111	H alan Hin i	4111111111					13111111 ₁₁₁		(1) 14 1 14 14 14 14 14 14 14 14 14 14 14 1	<u> </u>	<u> </u>
) [[-[- [-									 	114414-144			1717
													圃
攤													山田
													矙.
井		を			出出阻				田山田				
皿										推開	11111111111111111111111111111111111111		
	MILL												
#													
	113												
71111		in Mari l	Ţij ŢŢŢŢŢŢ ŢŢ	######################################			111111111111111111111111111111111111111	1		rantaini Tari		U#I #II#II#	#1#3
; 	 		nainiù i		1111					' 			+11-1
Ţ 													
	.V												
貫					YM!	111111111111111111111111111111111111111				1111111			
噩				排出性									
黚													
; :	<u>:::::::::::::::::::::::::::::::::::::</u>		· .		- 1)- #42	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		i i				27122
	endiz:	Leizell											
		41 4 											
二 脚	出世												
鯔													
極													
							治川田川田川						
揮				重進量						HILL			
									計劃重				
.,				midale; g	rade; dat	e; hospita.	or medical facilit	y)					حهيبي
										FIF	TROCARDIOGR	APHIC RECOPD	
										204		IIIO APCORD	

Standard Form **520** 520–103

* (Attach tracings to S. F. 507)







C-43 - GPO - 16-77350-1

CLÍNICAL RECO	RD ·	CONSULTATION SHEET					
		REQUEST					
TO:	FROM:	(Requesting ward, unit, or activity)	DATE	DATE OF REQUEST			
REASON FOR REQUEST (Complain	nts and findings)		<u> </u>				
PROVISIONAL DIAGNOSIS							
PROVISIONAL DIAGNOSIS							
	Lapprogra	LDLAGE OF CONSULTA	TION				
PROVISIONAL DIAGNOSIS DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTA ☐ BEDSIDE	TION	EMERGENCY			

SIMUS TACHCARDIA WNC

	(Continued o	n reverse side)			
SIGNATURE AND (TITLE	DATE	IDENTIFICATI	ON NO.	ORGANIZATION	
PATIENT'S IDENTIFICATION (For typed or written e middle; grade; date; h			REGIST	ER NO.	WARD NO.

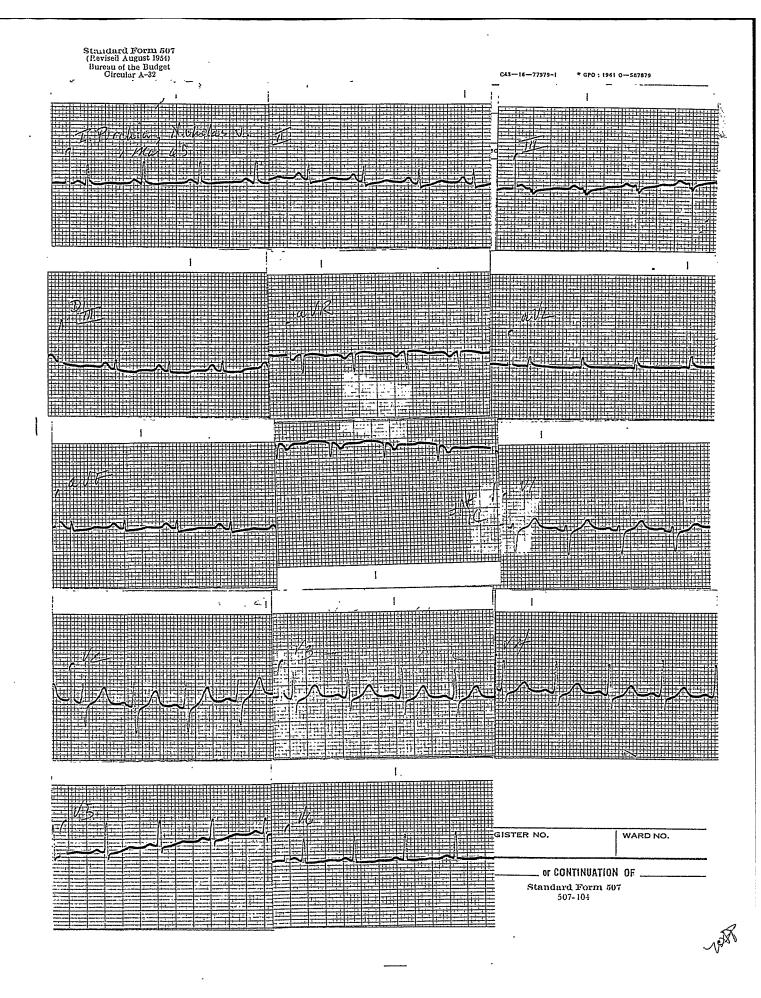
PURCHIA, NICHOLAS J.

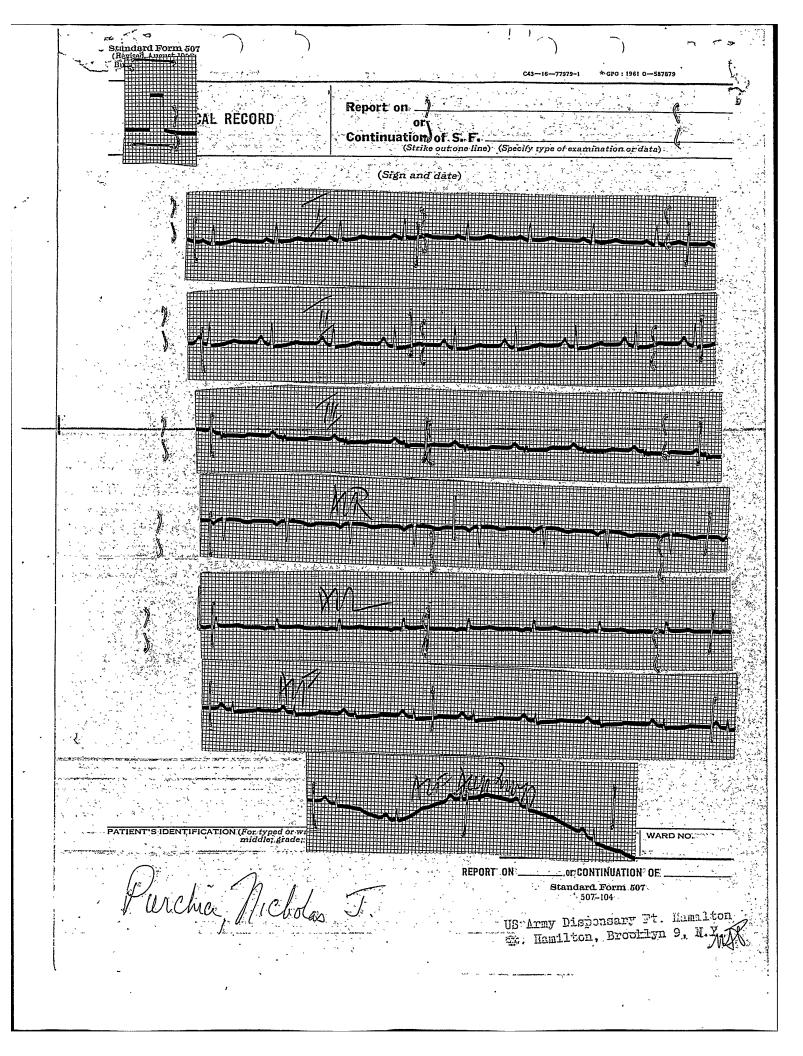
FBI

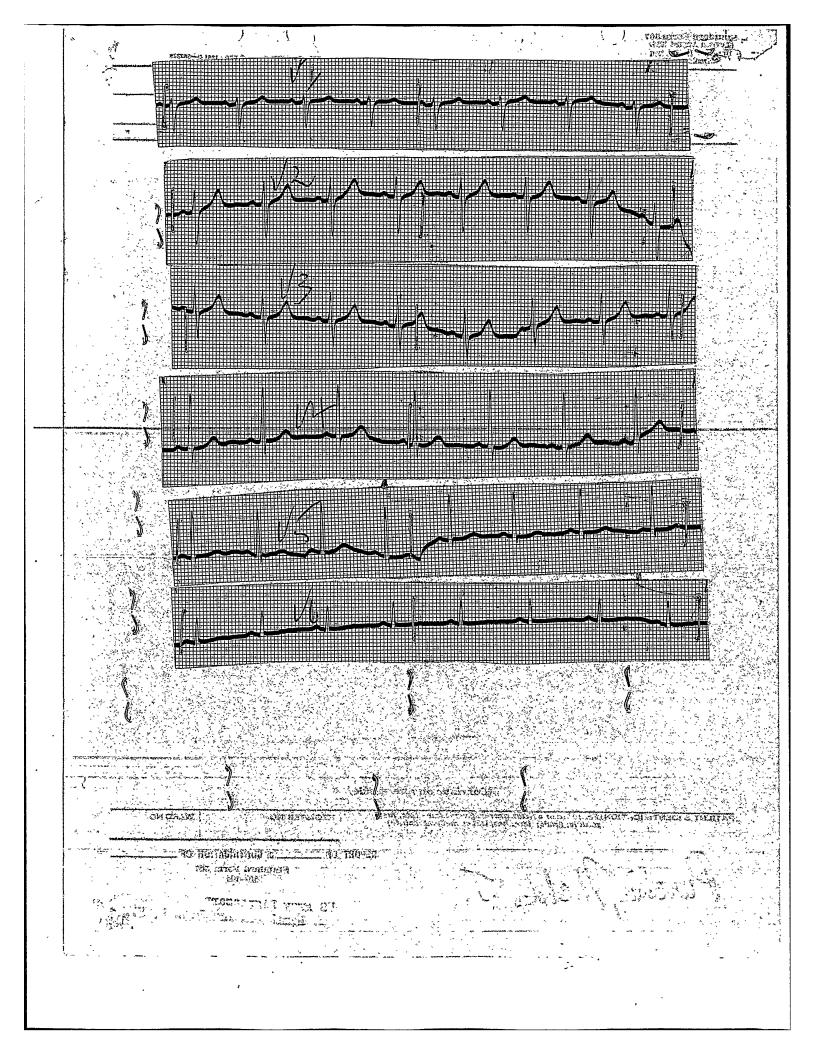
CONSULTATION SHEET Standard Form 515 513-104

EKG

1 MARCH 1965 NOR







Strindard Form 520 Rev. August 1954 Bursau of the Budget Circular A-32

U.S. GOVERNMENT PRINTING OFFICE : 1960 OF-537864

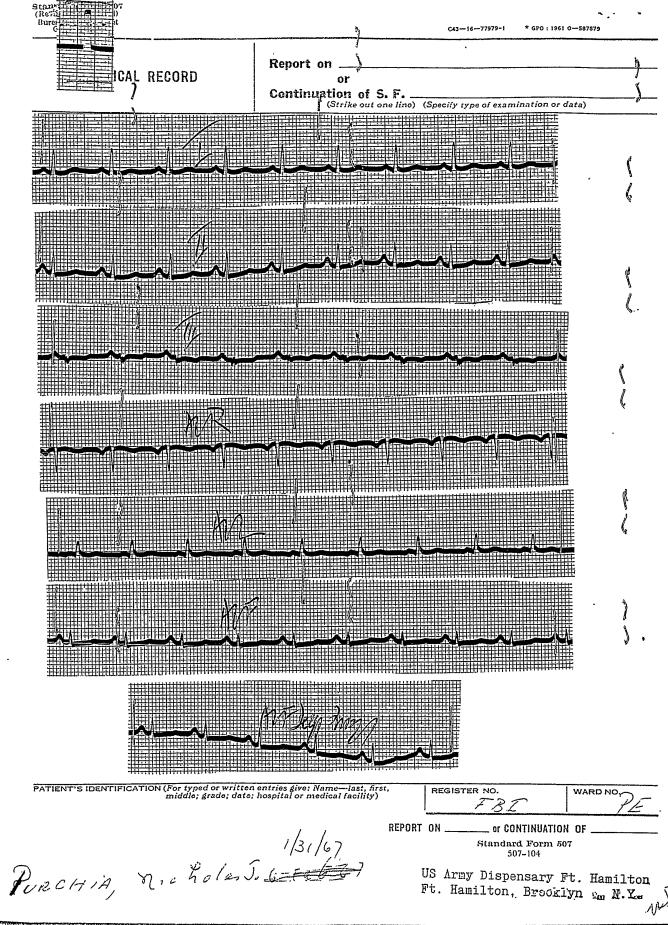
CLINICAL RECORD	EL FOTDOCA PDIC	COADUIC DECODO	PREVIOUS ECG
GLINICAL RECURD	ELECTROCARDIO	GRAPHIC RECORD	YES NO
CLINICAL IMPRESSION		MEDICATION	
Winter			☐ EMERGENCY ☐ BEDSIDE
1 80rine		l	ROUTINE AMBULANT
SEX RACE HEIGHT W	B. P. SIGNATURE	OF WARD PHYSICIAN	DATE 3 Feb 1
18th		AXIS DEVIATION (QRS)	AURIC. 80 VENT. 80
NTERVALS	- 2/	P WAVES SINUS	
PR 0.16 QRS 0.09	от 0.36) (nas	
RS COMPLEXES			
S-T SEGMENT		T WAVES	
NIPOLAR EXTREMITY LEADS (Specify)			
	1 000		
Ι ω	Herved Post.		
•			
	,		
PRECORDIAL LEADS (Specify)			
*			
	· vl		
· ·	, -	•	
			•
UMMARY, SERIAL CHANGES, AND IMP	PLICATIONS:		
	1		
	tracij WNL		
	(·)		
•			
	(Continue of	n reverse)	
O. SIGNATUR	E /// .	TITLE PARMIC	DATE 2/3/66
ECG	1/2 //-	C follo	1 / //
PATIENT'S IDENTIFICATION (For typed middle; gr	or written entries give: Name—l ade; date; hospital or medical fa	est, first, REGISTER NO.	WARD NO.
	•		1/5
•			ELECTROCARDIOGRAPHIC RECOF Standard Form 5:
A .	Nicholas	J	520-1
Vercha	1 vienoras	~ .	(Attach tracings to S. F. 50



		- 0.5. 60	WERNMENT PRINTING OFFICE :	1964 /35-903
CLINICAL RECORD	FLECTROCARI	DIOGRAPHIC RECORD	PREVIOUS EC	
LINICAL IMPRESSION			YES	□ NO
LINICAL IMPRESSION		MEDICATION	☐ EMERGENC	Y BEDSIDE
			ROUTINE	1 —
GE SEX RACE HEIGHT	WEIGHT B. P. SIGNATE	URE OF WARD PHYSICIAN		
SEX RACE HEIGHT	WEIGHT B. P. SIGNATI			3/ Pan
нүтнм		AXIS DEVIATION (QRS)	RATES	
NSQ		inflemelin	Le auric. 9	VENT.
NTERVALS	or 34	P WAVES	·	
PR // QRS 05	QT - 7 1			
RS COMPLEXES	1	,		
RS-T SEGMENT		T WAVES 0		
N	1			
INIPOLAR EXTREMITY LEADS (Specify	")			
		n		
		<i>l</i>		
		1		
RECORDIAL LEADS (Specify)				
	Λ.			
	(I) V	C1 V4	1/	
	V	CI VY (wave flatter)	· 16	
		I wave fleri	1	
	′			
		*		
SUMMARY, SERIAL CHANGES, AND IM	PRICATIONS:			
SOMMAN , SERVAL SIMMOLS, MAD IN				
	1	w/w/C		
	Busially			
		, ,		
	·			
	(Continu	e on reverse)		
UTANDIE ON	DF/27 2	TITLE	al	ATE _
ECG SIGNA	John	-	6	
PATIENT'S IDENTIFICATION (For type	d or written entries give: Nam	no-last, first, REGISTER N	10. W	ARD NO.
middle; g	trade; date; hospital or medic	ai racinty)	132	85
		7.6	ELECTROCARDIOG	RAPHIC RECOF
a			S	tandard Form 52 520–104–0
/	1 .		(Attach	tracings to S. F. 50

Purcha Machola US Army Disp. Ft. Hamilton, 192

MAN



Putchen, Michalas V

tich & Line in the second second second second







* U.S. GOVERNMENT PRINTING OFFICE: 1964 735-903

ČLINICAL RE	ะเกยม	FLECT	ROCARDIOG	BADUIC	PECOPD	PREVIOUS EC	3
· · · · · · · · · · · · · · · · · · ·	-COVD	LLLOI	ROCARDIGE			YES	По
CLINICAL IMPRESSION				MEDICATI	ON	☐ EMERGENCY	BEDSIDE
AGE SEX RACE		EIGHT B. P.	SIGNATURE OF	F WARD PHY	SICIAN		DATE Jan 68
RНҮТНМ	NON		<u></u>	AXIS DEV	IATION (ORS)	RATES AURIC.	VENT. S
PR 0112	ORS, ON	ar Oxy	0	P WAVES	N		
ORS COMPLEXES	N						
RS-T SEGMENT	\sim			T WAVES	in ve	-6	
UNIPOLAR EXTREMITY	LEADS (Specify)			<u> </u>		,	
			1)	•			
		•	ĮV				
PRECORDIAL LEADS (S)	pecify)	<u>-111-</u>					
	5		<u> </u>				
	\$	/	<i>'V</i>				
	/						
Summary, Serial Cha							
£	NOI	11-51	T-W	INE	MANE	rt V	
-	•		,	110		1	(لــر ر ر
•			٠ ()	100	/ De De	IWIA	
							/
NO.	SIGNATURI	And	(Continue on I	reverse)		DA	TE .
ECG	1	1 0	<i>N</i> /		1		·
PATIENT'S IDENTIFICAT	TION (For typed of middle; gra	or written entries ide; date; hospitz //C/+OL/	s give/ Name—last al or medical facili A	, first, ty)	REGISTER NO.	3 <u>Z</u>	PB_
FURC	HIM, A	ICHOLI	72 V	1/23/6	e ELE		APHIC RECORD
PBI				, , , ,	U		520-104-02 racings to S. F. 507)
					TIC ARMY	TCD PRICE TO	etings 10 3. 1. 507)

US ARMY DISPENSARY
FT. HAMILTON, EKLYN, N.Y. 11932

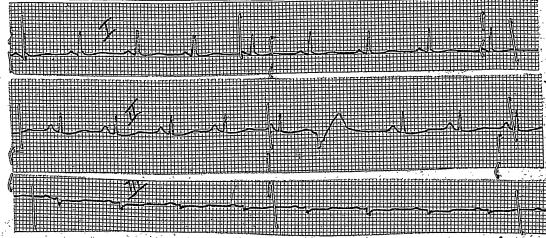


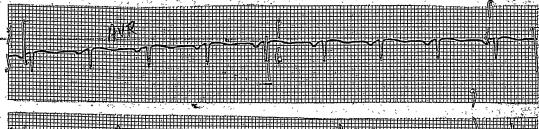
CLINICAL RECORD

Report on

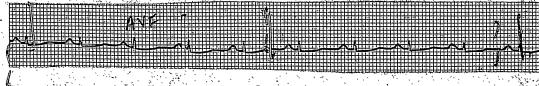
or

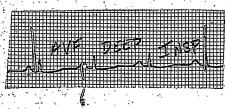
Continuation of S. F. (Strike out one line) (Specify type of examination or data)











(Continue on reverse side)

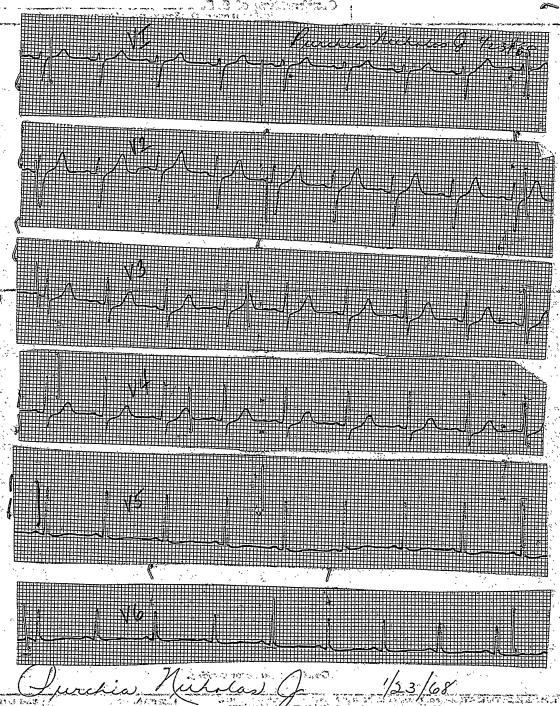
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, fir middle; grade; date; hospital or medical facility)

WARD NO

Purcula, Nicholas J 507-104

1/23/68 US ARMY DISPENSARY
N.Y. 11258

TELESTE TELESTE



S. POTAL BOARD & TO COME TO THE STA

Commence of the second of the

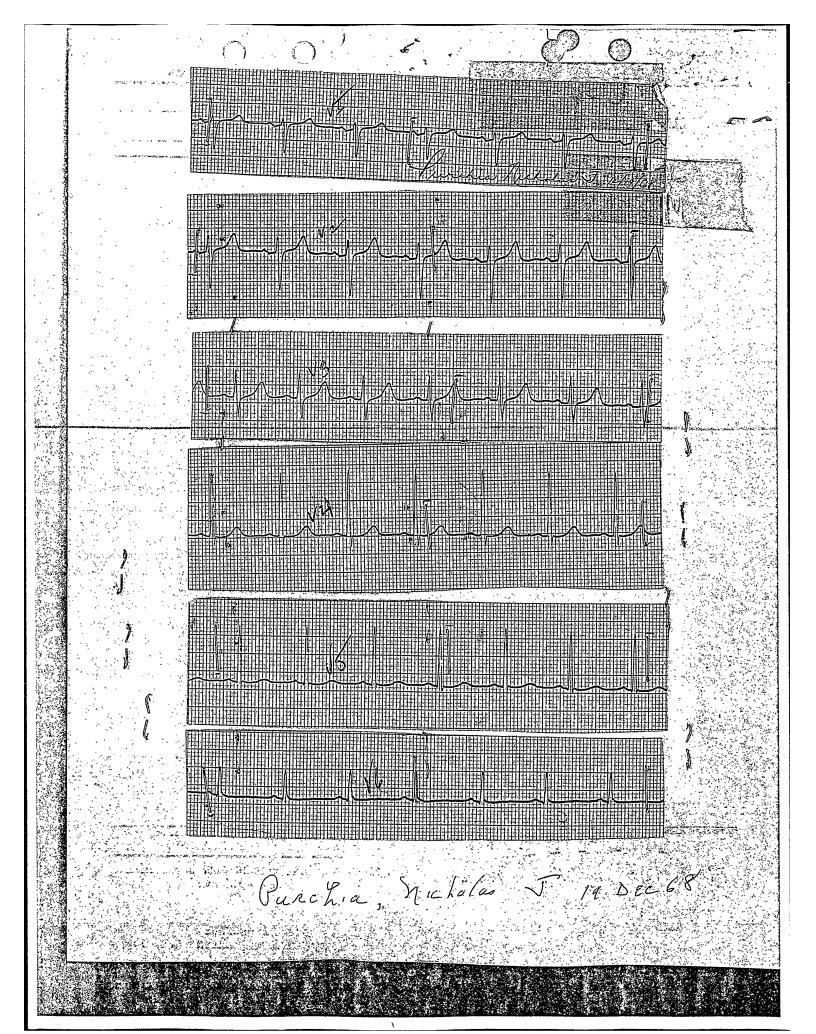
The one I continued a

the part of the same of the sa

Standard Form 520 Rev. August 1954 Bureau of the Budget

Circular A—32		ជំ U. S. GOVERNMENT F	RINTING OFFICE: 1965—786-788
CLINICAL RECORD			PREVIOUS ECG
CLINICAL RECORD	ELECTROCARDIOGR	apmic record	TYES NO
CLINICAL IMPRESSION		MEDICATION	
			☐ EMERGENCY ☐ BESSIDE
			GEOUTINE DAMBULANT
SS M RACE HEIGHT W	EIGHT B. PO SIGNATURE C	F WARD PHYSICIAN	DATE A
	66 790		19 Dac (
RHYTHM		AXIS DEVIATION (QRS)	RATES 76
, , , ,		E	AURIC. / OVENT.
NTERVALS	от 23	P WAVES	
PR / O QRS // O	QT 20		
RRS COMPLEXES	•		
S-T SEGMENT		T WAVES	
IS-I SEGMENT		WAVES	
SNIPOLAR EXTREMITY LEADS (Specify)	!		
MIPOLAR EXTREMITY LEADS (Specify)			
'n	e JPC =	0 1/4	
* () and			•
Union			
•	// .	10/1-	,
91	Ukrone i	NIV	
<i>U</i> .			
RECORDIAL LEADS (Specify)			
,			
	WV		
•	1. (1	/	
	•		
SUMMARY, SERIAL CHANGES, AND IN	IPLICATIONS:		
-			
			•
v	WNC		
	on M		
-			
A P	_		*
	// ·		
	(Continue on rev		I DATE
1 1/2/		erse) ITLE	DATE
ECG /S/C		ITLE	
ECG JAC			
ECG SATIENTS IDENTIFICATION For tured of	r written entries pire. Name—last, first, e; flate; hospital or medical facility)	REGISTER NO	3I WARANO
ECG JAC	r written entries pire. Name—last, first, e; flate; hospital or medical facility)	REGISTER NO	BT WARD NO. ECTROCARDIOGRAPHIC RECORD
ECG JOE CONTINUE OF THE STATE O	r wollten entries vine: Name-last, first,	REGISTER NO	Standard Form 520
ECG ATIENTS IDENTIFICATION For typed of	r written entries pire. Name—last, first, e; flate; hospital or medical facility)	REGISTER NO	ST WARD NO. ECTROCARDIOGRAPHIC RECORD Standard Form 520

andard Form 507 cvised August 1954) ureau of the Budget Circular A-32		C43-16-77979-1 • 0FO : 1965 -759526
CLINICAL RECO	Continuation of S.	te line) (Specify type of examination or data)
	typed or written entries give: Name—last, first, idle; grade; date; hospital or medical facility).	REPORT ON CONTINUATION OF Standard Form 507 507-104
FBI	19 De6 68	US ARMY DISPENSARY FT. HAMILTON, BKLYN, N.Y. 11252

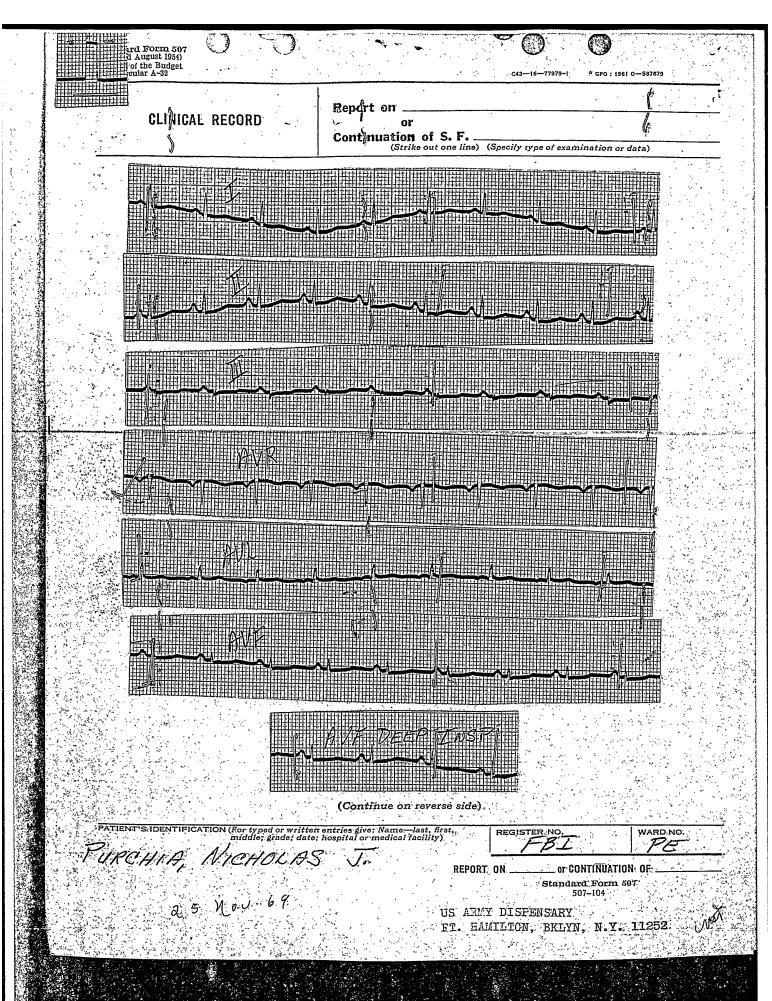


US Army Disp-Ft. Hamilton, NY



* U.S. GOVERNMENT PRINTING OFFICE: 1964 735-903

CLINICAL RECORD	ELECTROCARD	IOGRAPHIC RECORD	PREVIOUS ECG
CLINICAL IMPRESSION	• 3	MEDICATION	AES NO
	, <u> </u>		EMERGENCY BED DE
GE SEX RAGE HEIGHT	WEIGHT B. P. SIGNATU	RE OF WARD PHYSICIAN	DATE
HYTHM A.		AXIS DEVIATION (QRS)	RATES
NTERVALS	9T 2V -	P WAVES	AURIC. VENT.
PR / ORS d/) PRS COMPLEXES	OT 00 _		
S-T SEGMENT		T WAVES	
INIPOLAR EXTREMITY LEADS (Specif	'v)	1,	
•			
	Λ		
	WW		
	\mathcal{N}		
			ł
RECORDIAL LEADS (Specify)			
•	<i>[</i>]		
	MN		
	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	7	•
ummary, serial Changes, and im	PLICATIONS:	······································	
	1		
	/ /		
[_{\lambda} [
v V			
	(Continue	on reverse)	
C. SIGNATU	1 / /////	TITLE	DATE
ATIENT'S IDENTIFICATION (For types	d or written entries give: Name rade; date; hospital or medical	last, first, REGISTER NO.	WARDING:
PURCHIA, NICH	40/AR J		ELECTROCARDIOGRAPHIC RECORD
UKCAIA, NICA	IUNIJ~ VI		5tandard Form 520 520-104-02
7 mm		/2-/20	(Attach tracings to S. F. 507)
T BT	///	25/69	



Parcitia, Micholus 125 Mov 69







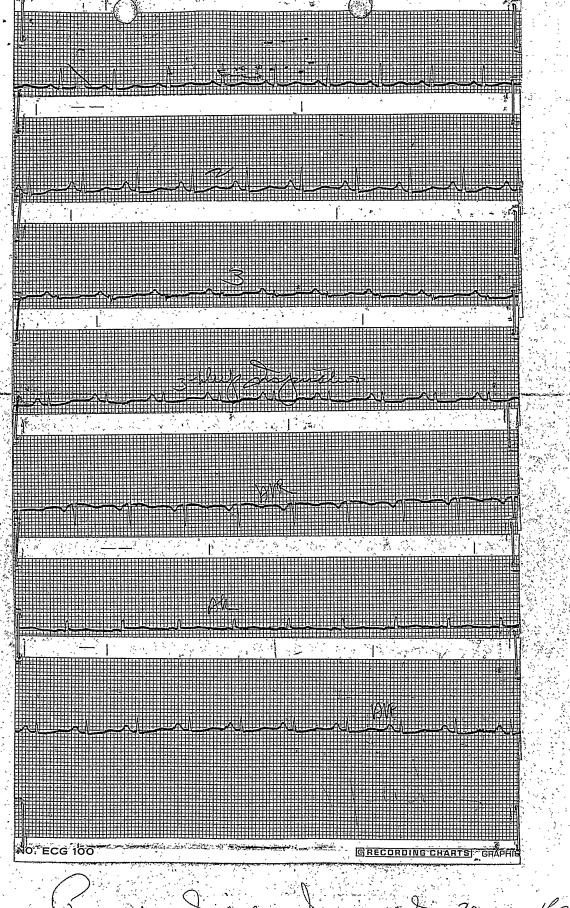
U.S. GOVERNMENT PRINTING OFFICE - 1964 735-90:

CLINICAL RECORD ELECTROCARÓ					RAPHIC I	RECORD	PREVIOUS ECO	3 □ NO
CLINICAL IMPRESSION					MEDICATIO	N	☐ EMERGENCY	1
AGE	sex M	RACE HEIGHT	WEIGHT B. P./	SIGNATURE OF	WARD PHYS	ICIAN	1	DATE //9/
RHYTI	-iM		707 11/10		AXIS DEVIA	TION (QRS)	RATES	
INTER	VALS				P WAVES	· · · · · · · · · · · · · · · · · · ·	AURIC.	VENT.
PR		QRS	QT		FILATES			
RS C	OMPLEXE:	S					····	
₹ 5 —T	SEGMENT				T WAVES			
JNIPO	LAR EXTR	EMITY LEADS (Spec	(v)					·
	E							
	ģ							,
SUMM	ARY, SERI	a L Chan ges, and II	MPLICATIONS:	Dyr	eni	e 5T	Lig -	
				HUT	- 0	54	16	
				17.	5,9	TI.	· J C -	ĺ
				1	2. ca	181	Sey	
				1 0	01.		,	- 11
				(Continue on re	verse)	enge		-//
NO.	_	SIGNATU	JRE	7	TITLE	2/.	DA	TE
ECC		TIFICATION (For type	ed or written entries	givo: Namo—last.	first.	REGISTER NO.) w	ARD NO.
FE	DERAL	TIFICATION (For type middle; BUREAU OF	grade; date; hospita INVESTIGAT	PTON A TA	. 12	FBI	γ "	PE
٠.	7 7	NAME /	inchia	Nichel	es of.	î. FI	ECTROCARDIOGI	APHIC RECOR
		. *	7		0		Sto	andard Form 52 520–104–6

1/19/20

(Attach tracings to S. F. 507)

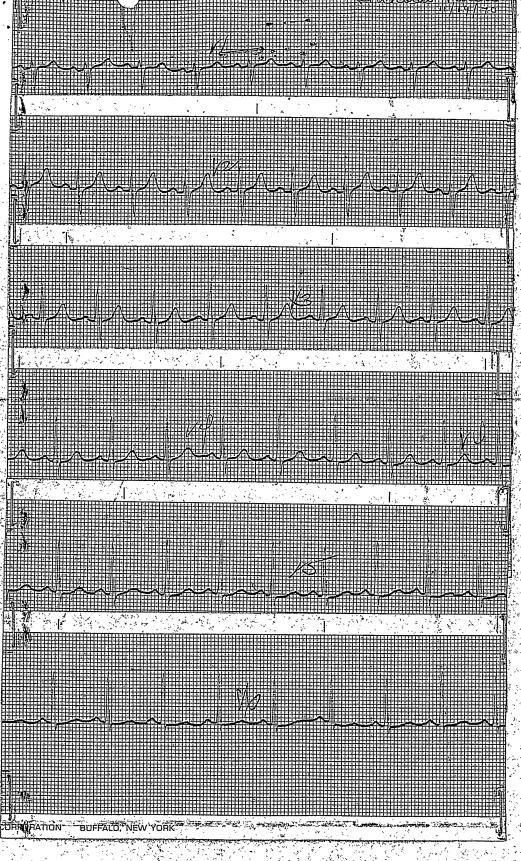
MIN



Surcha Inchola)

19- Jun. 70.

1231



Certificate of Service



This is to certify that

HICHCLAS J PURCHIA O1 002 715 Captain
Reception Center Fort Devens Eassachusetts

honorably served in active Federal Service in the

Army of the United States

from 4 May 1943

to 9 May 1946

Given at Washington, D. C., on 23 November 1953

WM. E. BERGIN Major General, USA The Adjulant General

D. TYPE OF IMMEDIATE RETIREMENT 1. AGE Enter date that notice of mandatory separation was given to employee (Date) 2. X OPTIONAL If retirement is under special provision for law enforcement employees, attach agency head's recommendation. (Voluntary) DISCONTINUED Attach certified summary of events leading to separation and copies of all relevant documents exchanged with employee. • Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. Attach Duplicate copy of SF 2801-C to this form for submission with application for retirement, SF 2801. 4. DISABILITY Send Original copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment. E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS 1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions) X YES. Enter following information below: NO. Give reason below: Less than 12 years service for life insurance purposes and retire-Eligible to continue regular insurance only. ment not for disability. Eligible to continue regular plus optional insurance; continuous Waived all life insurance coverage. optional insurance coverage since: Not eligible for life insurance. 2-14-68 Other (specify) (Insert date of most recent SF 176, Election, Declination, or Waiver of 2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions) YES. Enter following information: NO. Give reason below: Less than 12 years service for health benefits purposes and retire-442 ment not for disability. Enrollment Code Number Not enrolled since first opportunity or for 5 years of service immedi-3205918 ately before retirement, whichever is less. Carrier Control Number Not enrolled for health benefits. Other (specify) 3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below. PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RE-PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT TIREMENT EMPLOYEE SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted after separation for retirement. Record) will be submitted for approval before separation for retirement. LIFE INSURANCE DOCUMENTATION LIFE INSURANCE DOCUMENTATION Applicant eligible for continued life insurance coverage. Applicant eligible for continued life insurance coverage. Upon separation attach original copy of SF 56 (Agency Certification of Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when Insurance Status) NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel submitted after separation for retirement. HEALTH BENEFITS DOCUMENTATION HEALTH BENEFITS DOCUMENTATION X Applicant eligible for continued health benefits enrollment. Applicant eligible for continued health benefits enrollment. Establish follow'up to assure that personnel folder copy of SF 2810 (Trans-Upon separation attach personnel folder copy of SF 2810 (Transferring ferring enrollment to Civil Service Retirement System) and all personnel enrollment to Civil Service Retirement System) and all personnel folder folder copies of SF 2809 and SF 2810 together with any medical certificates copies of SF 2809 and SF 2810 together with any medical certificates. are attached to final SF 2806, when submitted after separation for retire-F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE G. AGENCY EMPLOYING OFFICE CERTIFICATION I certify that the information contained on this form accurately reflects official 1. Verify that life insurance and health benefits status as personnel records in the custody of this agency. shown on this form are consistent with payroll records. SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record. DATE " 3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and re-3 - 4 - 75Personnel Officer AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE $FBI \qquad 202-324-4981$ quired attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in 9th St. & Pa. Ave. N. W.

<u>Washinoton</u>

FPM Supplement 831-1, Subchapter S22.

RECERDED

Pareceile Bischerge

MAY 15 12 48 FM -48

leoid

BRONX COUNTY. NOO EXCEPT OF the Attified Strikes



TO ALL WHOM IT MAY CONCERN:

This is to Certify, That*N	rough a language
†32081821, Technician Fourth Grade, Co. C. Of	ficer Candidate Bn (Prox) The idjuting General's Juppol
THE ARMY OF THE UNITED STATES	
AND FAITHFUL SERVICE, is hereby HO	NORABLY DISCHARGED from the
military service of the UNITED STATES by	reason of t Convenience of Government
to accept appointment as 2d Lt. and active du	ty in AUS
Said Nichola	es J. Purchia was born
inNew York City, in the	State ofNew York
When enlisted he was 27 6/12 years of age an	d by occupation a <u>Attorney</u>
He had Brown eyes, Brown 1	nair, <u>Fair</u> complexion, and
was <u>5</u> feet <u>6 3/4</u> inches	in height.
Given under my hand atFort_Wa	shington, Maryland this
3rd_day of, one thousand r	nine hundred and forty-three
, , , , , , , , , , , , , , , , , , ,	Baket E. King.
	ROBERT C. RIJE, Lt. Colonel, AGD
	·
NOT BECORDED	. Commanding.
MAN OF THE PARTY O	Corporal, Company A, 1st Infantry"; "Sergeant, Quartermaster Corpo." Il description of surbarity therefor. 10—12—5
WET A CLO TIME NO	1.

W. D., A. G. O. Form No. 55 April 30, 1911 12/1

APPLICATION FOR RETIREMENT

(USE ONLY IF SEPARATED ON OR AFTER

To Avoid Delay-1	Read Information Ca	refully: 2 Comple	IKEMEINI 3131	in Full. 3 Typewait	o or Prin	
W/	Reduction Digital Co	A. IDENTIFYING	INFORMATIC	N	e Or Fill	
1/NAME (Last)	(First)	(Middle)	CONTRACTOR DESCRIPTION OF TAXABLE PARTY.	NAMES YOU HAVE USED		**************************************
IPURCHII		AS JOHN	•			
3. ADDRESS (Including ZIP			4. PHONE NUMBER (Including Area	Code) 5. DATE OF BIRTH (Month) (Day		6. SOCIAL SECURITY ACCOUNT NUMBER
91 BLAUV	ELT STRE	ET	(212) TEG	-6650 81281	13	069 16 6407
TEANECH	LINEW JER	RSEY OTELL	7A. ARE YOU A CIT UNITED STATES YES	OF AMERICA?	YOU A	OF WHAT COUNTRY ARE
	YES NO	(12 -) -) - (12 -)		THE FOLLOWING INFORMATI	ОИ	
WIFE'S OR HUSBAND'S NAME (First) (Middle)	HER (OR HIS) BIRTH DATE (Month) (Day) (Year	HER (OR HIS) SOCIAL SE-	DATE OF MARRIAGE	(Year) PLACE OF MARRIA (City) (State		MARRIAGE PERFORMED BY: CLERGYMAN OR
, and the same of	(1.10112) (22)) (1211)	,	7/14/	HS AYER, M	-142	JUSTICE OF THE PEACE $b \in \mathbb{R}$ OTHER (Specify) $b \in \mathbb{R}$
9A. DO YOU HAVE ANY UNA before age 18)?	MARRIED CHILDREN UNDER AGI	22 (Or over age 22 and	incapable of self su			YES NO
	ND DATE OF BIRTH OF EACH	CHILD. WRITE THE WORD	"DISABLED" AFTER	CHILD'S NAME WHERE APPL	ICABLE	
CHILD'S		DATE OF BIRTH	(First)	CHILD'S NAME	(7 au)	DATE OF BIRTH (Mo.) (Day) (Yr.)
(First) (Mid	ddle) (Last)	(Mo.) (Day) (Yr.)	(First)	(Middle)	(Last)	(Mo.) (Day) (11.)
		B. CIVILIAN AND	Military ser	VICE		
BUREAU OR DIVISION, AN	Y IN WHICH PRESENTLY OR LAND ADDRESS, INCLUDING ZIP	CODE .	2. DATE OF FINAL (Nionth) (SEPARATION 3. Day) (Year)	SERVICE	ATE YEARS OF FEDERAL
だたDERAL RU	REAL OF INVO	CSTIGATION	APRIL	35 1975	CIVILIAN	SVRS. 1990.
コピアケムエド	IENT OF JUS astreet, newy	5T/CE	4. TITLE OF LAST P	OSITION		1 - / 1 / 1
•	-	•	SPECIAL	AGENT - FI		
EMPLOYEES GROUP LIF	L 6. IF YOU HAVE REG	ULAR 7A. HAVE YOU BEEN YOU THE FEDERAL E	ENROLLED IN A PLA MPLOYEES HEALTH	BENEFITS I		i
INSURANCE?	ALSO HAVE OPTIONAL		E YOUR FIRST OPPO	E YEARS	_	ENROLLMENT CODE NUMBER
₩ YES NO		IMMEDIATELY BE	FORE YOUR RETIREM		918	442
	YES X NO	لخسوا	 	NORABLE CONDITIONS IN	ANY OF TH	
(A) ARMY, NAVY, MARIN	E CORPS, AIR FORCE, OR CO. I (C) AS A COMMISSIONED OF	AST GUARD OF THE UNITED	STATES; OR (B) REGI	JLAR CORPS OR RESERVE C	ORPS OF TH	E PUDLIC HEALTH SERVICE
ENVIRONMENTAL SCIENT AVAILABLE.	CE SERVICES ADMINISTRATIO	N. ATTACH A COPY OF YOU	JR DISCHARGE CERT	FICATE OR OTHER CERTIFIC	ATE OF ACT	TIVE MILITARY SERVICE, IF
BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION	LAST GRADE OR RANK		NIZATION AT DISCHARGE Div Regt., Co., etc.)
engineer (02Ps A	KMY 32081821	3121141	<u> 573143</u>	TIH	 	HEER CORP.
				<u> </u>	 	
PA. ASE YOU A MILITARY	01 002 715	1 51 4 /4 3 PT OF OR HAYE YOU EVER	519146			NECESTAL STATE THE
RESERVIST (Either Action or Inactive)?	re TARY RETIRED PAY	? (Retired pay does not it			TITLE 10, I	USC? (Formerly Title III,
YES NO	sion or compensa	<i>пол.)</i> ⊠ но		Public Law 80-810		0
	LITY INFORMATION	A STATE OF THE PARTY OF THE PAR	r Tetal Dischil			
1. BRIEFLY DESCRIBE YOUR	DISASILITIES. STATE WHEN	OCCURRED, AND HOW TH	EY INTERFERE WITH	PERFORMANCE OF THE D	UTIES OF Y	OUR POSITION, (ATTACH
ADDITIONAL COMMENTS	ON PLAIN SHEET OF PAPER, I	F NECESSARY.) ALSO, STATE	MONTH AND YEAR	N WHICH YOU BECAME TO	IALLY DISAS	LED.
	•			•		
14 HAVE VOLUME DECEM	ED OR MADE APPLICATION F	D. OTHER CLAIR		CANADA CONTRACTOR CONT	O MOENICATI	ON CIAIN AND THE RENIOS
	S. COMBENSATION VCLS	OK COMPENSATION UNDER	FOR WHICH Y	OU RECEIVED COMPENSATIO	DN:	i
	y1		CLAIM NUMB	EK FROM (110.) (1	Jay) (Kear) TO (Mo.) (Day) (Year)
YES	₩ NO	IN SEC THE AND SHALLS	20 15 197511 175	TATE THE TYPE (C) OF ACCUSE	47(Ob) 41:-	LOVE THE CLASS OF
RETIREMENT SYSTEM, IN	LY FILED ANY APPLICATION CLUDING APPLICATION FOR RE			LAIE INE ITPE(S) OF APPLIC	AND MOIIA	GIVE THE CLAIM NUMBER(S)
	UNTARY CONTRIBUTIONS?		RETIREME	NT DEPOSIT OR RED	EPOSIT	CLAIM NUMBER(S)
	A STANOTAL	WED FUDIOVER PROFESSION	REFUND	VOLUNTARY CO		
NOW, PAY PREMIUMS	NOTHER CHARGESTANCE COM	RMER EMPLOYEE BENEFICIAL AISSION? YES	ASSOCIATION FOR	WHICH YOU 35. IF		E YOUR ACCOUNT NUMBER
4A. HAVE YOU EVER BEEN	EMPLOYED - UNDER - ANOTHE		L	, -		SYSTEM
FEDERAL OR DISTRICT C	OLUMBIA EMPLUTEES?	YES X NO				17/1

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF AHNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

	DETECTION BE SUKE TO GIVE THE UTHER INFURMATION CALLED I	
	F. TYPES OF ANNUITY: MAR	RRIED APPLICANTS ONLY
	THITIALS ANNUITY WITH SURVIVOR BENEFIT TO	
7	MIT WIDOW OR WIDOWER	
5	· LIAT	If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.
	SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.	The annuity payable to you during your lifetime will be reduced by 21/8 of any amount up to 33,600 a year used as
	If you want all your annuity used as the base for the survivor benefit, write the word "ail" in the box below. If you want	the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.
	only part of your annuity used as the base for the survivor bonefit, write the yearly amount of your annuity you want used.	o If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.
	THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR-41S) BENEFIT.	The survivor's annuity will not begin until your death.
	INITIALS ANNUITY WITHOUT SURVIVOR BENEFIT	If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.
2	survivor annuity benefit after my death.)	[©] This type provides annuity payments to you only.
	G. TYPES OF ANNUITY: UNMARRIED APPLICAT	NTS ONLY (Including Widowed and Divorced)
	INITIALS ANNUITY WITHOUT SURVIVOR BENEFIT	If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.
٦.	COMMUNICACION.	This type provides annuity payments to you only.
	ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST	This type is available to all retiring unmarried employees who are in good health.
2.	PERSON HAVING AN INSURABLE INTEREST	• It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.
	SPECIFY THE NAME, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SECURITY ACCOUNT NUMBER OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY	
	NAME OF PERSON (First, middle, last)	The survivor's annuity will be 55% of the reduced annuity you receive.
	RELATIONSHIP DATE OF BIRTH (Mo., day, yr.)	• If you choose this type of annuity you will have to undergo a medical examination which will be arranged by the Civil
	SOCIAL SECURITY ACCOUNT NUMBER	Service Commission at no cost to you.
	SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.	If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.
-	H. CERTIFICATION	Y OF APPLICANT
1		
	WARNING.—Any intentional false statement in this application	I hereby certify that all statements made in this application are true to the best of my knowledge and belief.
	or willful misrepresentation relative thereto is a violation of the	. /
	law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).	2125175 71:10
	ment of not more than 5 years, or both (10 0.0.c. 1001).	(DATE) (SIGNATURE OF APPLICANT)
-	I. FOR USE OF EMPLOYING AGENCY (See	FPM Sunniament 831-1 for instructions
	CHECK APPROPRIATE BOX:	The control of the co
ľ		EDADATIONIC AND TRANSCEEDS SE SOOT ARE ATTACHED
	INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF SI	· · · · · · · · · · · · · · · · · · ·
	INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. C	(DAIE) B
.	WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO.	
	AME OF AGENCY PERSON WHO CAN FURNISH ADDITIONAL INFORMATION ABOUT IS APPLICATION, IF NECESSARY (Type or print)	SIGNATURE OF RESPONSIBLE AGENCY OFFICIAL
ľ	• [Official TITLE Authorized DATE
	C. D. Neudorfer	Certifying Officer 5-16-75
TE	LEPHONE NUMBER, INCLUDING AREA CODE	DEPARTMENT OR AGENCY
_2	202 EX 3-7100 EXT 2772	Federal Bureau of Investigation
_	OFFENSES BARRING ANNUITY PAYMENTS: Title 5 USC 8312 prohoffenses involving the national security of the United States. Employ to the Civil Service Commission's Bureau of Retirement, Insurance, a	ing agencies are responsible for submitting all pertinent information
	and the state of t	

May 20, 1975

TO WHOM IT MAY CONCERN:

This is to certify that Nicholas J. Purchia was appointed Special Agent of this Bureau on December 9, 1946. He served continuously in that capacity through April 25, 1975. During his service with this Bureau, he participated in the investigation of violations of laws of the United States and performed duties of a hazardous nature. His services were entirely satisfactory and he met the requirements necessary to retire under the provisions of Section 8336 (C) of Title 5, United States Code, and Public Law 93-350.

Very truly yours,

Authorized Certifying Officer

L WAY 21 1975

12/100

b6

LAST NAME	FIRST NAME MI	DDLE NAME	DATE	OF BIRTH	50	C. SEC. I	NO.	AGEN	_α	PAYROLL OFFICE	LOCATION	PAYROLL OFFICE
<i> </i>			MO.	DAY YR.					-			
PURCHIA	NICHOLAS J	· •	81		069_		6407	Justi	c e	FBI	WASH. D.C.	<u> 15-02-000</u>
				DO	NOT US	iE						
2.												
3								<u>.</u>		,		
4,	CORD EACH NAME CHANGE-	······										
	STRIKE OUT PREVIOUS NAME)											
		SERVICE H	IISTORY								FISCAL RECOR	D
										CALENDAR YEAR	ACCUMULATIVE	
EFFECTIVE DATE	action	BAS	E PAY	DO NOT		1	REMARKS		YEAR	SALARY	TOTAL SALARY	REMARKS
DVIE				USE						DEDUCTIONS	DEDUCTIONS	
(1)	(2)		(3)		GS	12	SA		(5)	(6)	(7)	(8)
8/20/72	WGI 11001	23,7	37.		<u>ড</u> ১	13	DM		1971	3.1.mce	Brong Lt	7½% Ret. Do
BSI (L.J.	(ca) and i was Individual \	approvo	056		- Fas 1	0/1/7	2 EO 11	7 1"	1000	Sirard	11,824.56	Beran 1-5-7
12/15/72 (frective 1,45) Order 11730 appro	24,	900		-13 2	0/1/12	- FO 11	11	1972	···	7	
13173 effect	ive 10/14/73	لو ۱۵ ا	<u>.09</u>		 				1973		21,203.02 23,074.63	Includes back pay
RCT / Trecuti	ve Order 11811 app	roved	· 		-				1975		23,942,41	under EO 11777
10-7-74 aff	ective 10-13-74)	27,6	32		-	GS	13	<u></u>	11.13	1001710	axi i acii	* APS
1-5-75		1 (25%)			 	<u> </u>	<u> </u>		1	_		;k&&
	Lay Increase	31.1	61.25									•
	75 RETIREMENT.	VOLUNT.	ARY									
	SECTION 8336 ((C) 5 U	SC		ļ		·	·····				
ANNUITY	PAYMENTS TO CO	MMENCE	4-26	- 75								
	•				-							
									ļ	_		
					 						, , , , , , , , , , , , , , , , , , ,	
									-			182
					-							75
. (<u> </u>	<u></u> ₹					·····						
Rystopp	ed 4-25-75											125
SCD 10-20	41								The state of	Who miles	rcice-Gertified-C	orrect Park
SCD 10-20 H. B. Code CCN 3205	442				<u> </u>				Dean		Date 5-1	75 148
OCN 3205	<u> 178 </u>				ļ					y Cu	Date	of Investigation
Optionali	panyan Declin Ick Teave 2052	ed							.Certif	ying Officer,	rederal bureau	of Investigation
	The second secon	Tipurs			-				-N	ndebted_or	account of the	carned leave,
5 USC Ch	. 03		<u> </u>						1			1 1
		i	Orig.	2806,	2801	15%	1809,	2810,	,	5-21-75		
		,	150 1	1014 2	n D.	~	n'i	14.4	معاب	e.,		12/11/

Standard Form 2806 February 1966 2806-104 INDIVIDUAL RETIREMENT RECORD

U.S. CIVIL SERVICE COMMISSION

EPM SUPPLEMENT 831-1

Ľ	ast name	FIRST NA	ME MI	ODLE NAME	S	EX	DAT	e of bir	TH	10micV	Ι.	AV DOLL OFFICE	LOCITION
					и	F	монтн	DAY	YEAR	AGENCY		AY ROLL OFFICE	LOCATION
ľ	JKCHIA	: NICHO	LAS	J.	X		8	28	13	Justice		FBI	<u>Washington</u>
							NO						
				·····			<u></u>						
	(RECORD	EACH NAME CHANGE—ST	RIKE OUT PREVIOUSLY F	ECORDED NAME)									
		SERVIC	E HISTORY							, FISCA	L REC	ORD	
		` ·	,					CALE	IDAR YEAR	ACCUMULATI	VF	DO	
EFFE D/	CTIVE ATE	ACTION	BASE PAY	REMARKS	3		YEAR	DEC	ALARY DUCTIONS	ACCUMULATI TOTAL SALAI DEDUCTION	ŘÝ	DO NOT USE	REMARKS
(1) ,	(2)	(3)	(4)			(5)		(6)	(7)			(8)
1 (1)	1.7-703) evo	oved 10/11/es					in Cia	13/1/1	1 2. (11.	1 7193.0	.5'		
cctive	10/14/62	3) approved 1	\$12 <u>,610*</u>	<u>GS 1</u>	3_s	A_	1963	11.	56,75	79.39.0	-		
			0/11/04				196.3	}	120.56	1 '			
	ive 1/5/ 426) approve	012 1 8/14/64 Effective	13,265				1 /		01 K	1 1/2/11			
\$ L 00	120, -77.010		13,755	GS 13					(4 / /	7 4 4			
8-30	0-6li	WGI	\$14,175	GS 13			1967	101	19.46	12,597.	18		
RSL (P	L 60 301) (10/03/10/05	9-50 10/10/0				1918	100	12,96	13680.7	4		
2014, P.	the Table State of the Table Sta		<u>°1,685</u>	GS 13			14:54		80.65		34		
(<u>PL</u>	<u> </u>	1710 1 7/10		1/3/63.			1970	14		7 16297.9			•
	, , , , , ,		15,113				1971	_/3.	26.60	17,824	26		
133	(168 <u>17</u> 21	WG-I 6 approved 12	15,561 116167 Effecti	VA 10181679									
W 0111	1 50 40	O OPPION TO	\$16,207	478 1144 114 114 114			,						
M	es	u 11413 ngaw											
		1/14/69 Order 11474		_GS_13									
I (E)	xeoutiv	Order 11474	d or or										
8 अ १	9 01100	ive 7/13/69) WIGI	T0.97/4						·			<u>\</u>	
<u>J= Cl</u> (01, 0)	4.707 231 apprais	d 4 (15,70 attactive >	LUC. et J. DUL										
11.00		4 <u>4,15,70 electiro :</u> Ordor 11576 e	\$20,673										
(Ex	ocutive	Order 11576 a	povorag										
1/71	dfoot!	.ve 1/10/71)	21,905	·									
9//	7 RST	(EO 11637)	23,112										

0, 1				D	ATE OF BIRT	'H '	DATE	D	ESIGNATION		OFFICE	,
	•			MONT	YAC H	YEAR						
1												
				SEX	RAC	<u> </u>						
A TITIOTIT A	11 7 /11	TOT 4.0	¥	RETIR	EMENT AGE			,	······			·····
PURCHTA (SURNAME)	(FIRST N	IOLAS iame) (sec	OND NAME)									
				DEPARTMI NTS								+
DATE	FISCAL YEAR DEDUCTIONS AND	TONTINE	NET FISCAL YEAR DEDUCTIONS AND	ESTABLISH- MENTS WILL	BALAN					<u> </u>		
DATE	SERVICE CREDIT CONTRIBUTIONS	DEDUCTIONS	SERVICE CREDIT CONTRIBUTIONS	NOT USE THIS	FORWA	RD	TOTAL CRED TO EMPLOY	ITED YEE	DATE OF ORIGI	NAL APPOINTMEN REMAI		
DEC 0 1 1011	0.00	4 00	2 00					2 00				
DEC 3 1 1946	3 99	1 00	2 90	<u> </u>		<u> </u>		2 99	Δ	**********	······································	
			, , , , , , , , , , , , , , , , , , ,			00	21.1	21	Tontine	habba	12-31-47	7
12.01-95	4.3.77	, J. A. A.	*////		<i>X</i>	.99_	214	7			12-31-47	
	1.43	<u> </u>	· ,				22%	00/	7		エハ・ロエーボー	
						<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	70.				
	SERVICE	HISTORY					FISCAL	RECO	₹D			
									·			
		**************************************			CALENDAR	YEAR	ACCUMULA		_B0			
EFFECTIVE	ACTION	BASE PAY	REMARKS	YEAR	SALAR		TOTAL SA	- 1	NOT	REMA	RKS	,
DATE	1	•			DEDUCTION	MS	- DEDUCTI	0NS-	USE			
क अप्रवाद	od salarv fixe	d by Classific	ation	1961	361	69	4405	, 47	<u></u>	·····		
AND On A.	15 (P.L. 12),	approved 10-2	2.49)	,					\			
		5400.	GS 11 ·SA	1950	332.	24	1138.05				4	
1,/2/50	Per Ctep In	c 5600	GS 11	, , , ,	- 94.	<u> </u>	153 2 /					
-21-51	Prom.	6400	_GS_12		,,,	`	, , , ,		· · · · · · · · · · · · · · · · · · ·	,		
etroactive t	Prom. o 7-8-51	/W/	American Control of the Control of t	11.	<u> </u>		- 11 11					
× USI anunoved Oct	her 24, 1951 same \$130	7040414	<u>GS 12</u>				·,					
	Per Step inc	7240 U	<u> 68 12 </u>	1955	477	, ,	_ 3334	37/	كمعيا			
1-17-54	Per Step Inc		GS 12	Häle	514.		3844 11					
		<u></u>		1957	5 84.0		4432.8	9		1		· · · · · · · · · · · · · · · · · · ·
	Per Step In	<u>c </u>	<u>GS 12</u>	1458	65%	17.17	5083.					
Retroactive		\		1959	61.3.		5747.					
	Promotion	<u> </u>	<u> </u>	1960	69/2.0	<u> </u>	6444.1	6				
3-9-59 F	∍ r_Step_ In ≥ 3-9-58	\$9890**	-92 13	1961_	758	52	7182.0	2.7				
1-12-50 to) 3-9-50 113	<u>\$9890**</u> 788 - Pl <u>8</u> 5-462,										
MARTHUM MINNE		\$10,130*										
9-6-59	Per Step	Inc \$10,37)***GS 13									
7-0-27	Ter poop	TITO (1109)1	נד מאייי									
7	16 dis 11 11	\$11,155*										
3/5/61 Per		#11,415 \$11,415			<u></u>							
			GS 13									12/14
c-2-62	SSI	311,675 *	GS 13									

3 1			* 1 /			ı				7.	x - 4; ,	===
.1 No.	1		NO!	Tr. of I	JIRTH			LEGAL VOTING RESIDEN				
,	•		HTMOM	DAY	YEAR	STAIL AN	ID CONG, DISTRICT	COUNTY	CIT	Y OR	LOWN	,
1 27.02	A1171 117A11	NT 10 %	8	28	13	N.Y.	26th.	Eronx	N.Y.	C.	···	
YUH (SURNA)	CHIA NICHO		SEX)	1 r	RACE W	MILITAR	RY SERVICE		YES		NO	,
COMM			RETIRE	MENT A	GC	MILITARY	PENSION OR WAR	RISK COMPENSATION	YES_		- NO	
9. A Am demander, person y	CHILD N. S. LEWIS ASSESSMENT				SALAI	RY	EFFECTIVE	DEPARTMENT OR ESTABLIS	RHMFNT	TOTA	NL SER	₹VICE
REFERENCE	NATURE OF ACTION	POSITION AND GRAI	Œ	PAY ALLOW	LESS	BASIC PAY	DATE	OFFICIAL STATION		MOS.	DAYS	YRS.
f	Enlisted						3-21-41	II.S. Army				
	Bischarged						5-9-46	-U.S. Army (Verified)				
	Exc.Appt. Prom.	Sp.Agt. Cof-9 Cof-10				4149.60 4525.80	12-9-46- 2- 3-47	Justice, Fed. Bur. In	v. Fld.			
	V.			Per		4551.20						
d. 11	Salary Fixed	by Act Approved 7/	3/48_S	imo Gi	rade	رور روم روم روم						
<u> </u>	Prom S	p Agent C	VL TT			5232	10-3-43			,		
. ———												
· //												
							,					
1												
;												
,												
, 										_		
			· <u>· · · · </u>									
U												
` '									·			
		1							•			
*												
, ,,								i				
•				<u></u>								
(*************************************												
									,		-	
										! -		
EDUCATION: (INDICATE NUM	ngo va saruny	COMMON SCHOOL		SCHOOL 3 4		COLLEGE	DEGREES	, IF ANY				
MON STRUCTURE		1 2 3 4 5 6 7 8 SPECIAL QUALIFICATIONS_	1 4	J 4		,						

10-183

ADDITIONAL INFORMATION

IN SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIREMENT

(To be completed by agency employing office and attached to employee's application for retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of th

				a perce.	······································	mastering	as shown in a	rt c a ou orner side of fu.	آب.
1 NAUE O	ADDITION		A. IDEN	TIFICATI	ON OF APP				- -3
	APPLICANT (Last, I				2. DATE		nth, Day, Year)	NUMBER	
PUR	CHIA, NICH	OLAS JOHN					8-13	069,16,6407	
1 SERVICE	001/01/2010	B. INFORMATION							
(Month) (COMPUTATION DATE Day) (Year)	CIVIL SERVI	CE RETIREM	AFNT CO	INTRIBILITI	ONS (Includi	CREDITABLE (ng Federal se mbia employee	CIVILIAN SERVICE NOT COVERED B rvice covered by social security o	
	20-41					YES X	NO		
ACTUALL DUTY,	Y WORKED IF EMPL	OYMENT WAS INTER	MITTENT, OF	R TOUR	OF DUTY I	EMARKS" SHO F EMPLOYME	DW ANY PERIO NT WAS PART	UMENTS IN PERSONNE FOLDER. D OF LEAVE WITHOUT PAY, TIME TIME WITH A REGULAR TOUR OF	
IMPORIANT: SF 144. Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is NOT acceptable for retirement purposes. If employee claims civilian service NOT verified by official personnel documents, do not delay submission of a polication for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment and agency. name including bureau and division.									
EFFECTIVE DATE	ACTION	BASE PAY		EDERAL GENCY			NT SYSTEM	REMARK. ³	
12-9-46	Appointed		I	FBI		CS	(Re	tirement ded ^{uctions} began)	ļ
4-25-75	Ret. Lib.								
		,					•		
TOTAL	VERIFIED	CIVILIAN SI	ERVICE	: 28 -	4-17	TOTAL	UNVER	IFIED CIVILI ^{AN} SERVICE 0-0- ⁰	
		C. INFORMATION CON	ERNING CRED	ITABLE N	ILITARY SE	RVICE (If claim	ed by applica	nt)	1946 1946
A COPY (OF OFFICIAL MILITA TION FOR RETIREMEN	EMENT CREDIT FOR RY DISCHARGE CER IT? YES NO	MILITARY STIFICATE AT	SERVICE TACHED	TO NO	OTE: A militar tirement is acc d character of d	eptable only if i	tificate submitted with application for t shows specific dates of	
FOR VE	TERANS PREFERENCE	ACHED AN ACCEPTA ICE HAVE BEEN VERI ICE OR OTHER PURPO VICE IF UNVERIFIED.	OSES COMP	DONNEL	FOLDER (A	By prior comp	arison with off	TE, BUT EXACT DATES OF ACTIVE, icial military discharge actificate) JEMISSION OF APPLICATION FOR IE BELOW.	
IMPORTANT: SF not acceptab	7 144. Statement of Price le for retirement purpo	or Federal Civilian or M ses.	ilitary Service	, or comp	arable docu	ment containing	g applicant's unv	verified allegation of military service, is	
FROM	то	BRANC	СН	CHARA	CTER OF	DISCHARGE		TIME LOST, IF ANY	\rfloor
3-21-41	1 5-9-46	U. S. Arı	ny	Но	norab.	le	None		
TOTAL	VERIFIED :	MILITARY S	SERVIC	E '5-	1-19	TOTAL		IFIED MILITARY	
10 710/2/52/54								VICE 0-0-0	4
J. A	MAY 21 197	ALLITARY RETIRED PA			4. IF YES MILITA Supple	6. HAS APPLIC NRY SERVICE ement 831-1, R	ANT WAIVED I FOR CIVIL 3 Setirement, Sul	MILITARY RETIRED PAY TO CREDIT ERVICE RETIREMENT? (See FPM bchapter S3-5f.)	
Xes	-Attach _a a _s copy _s of-appli	cant's military retired p	ay order, <u>if av</u>	ailable.		s. Attach copy waiver, <u>if a</u>	of military finar	nce center letter to employe escepting	7

X No.

D. TYPE OF IMMEDIATE RETIREMENT 1. | AGE · Enter date that notice of mandatory separation was given to employee . 2. X OPTIONAL If retirement is under special provision for law enforcement employees, attach agency head's recommendation. (Voluntary) 3. DISCONTINUED SERVICE Attach certified summary of events leading to separation and copies of all relevant documents exchanged with employee. * Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2601-C. Attach Duplicate copy of SF 2801-C to this form for submission with application for retirement, SF 2801. DISABILITY - Send Original copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment. E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870–1, Life Insurance, subchapter S6, for detailed instructions) X YES. Enter following information below: NO. Give reason below: Less than 12 years service for life insurance purposes and retire-Eligible to continue regular insurance only. ment not for disability. Eligible to continue regular plus optional insurance; continuous Waived all life insurance coverage. optional insurance coverage since: Not eligible for life insurance. 2-14-68 Other (specify) (Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage) 2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions) YES. Enter following information: NO. Give reason below: Less than 12 years service for health benefits purposes and retirement not for disability. Enrollment Code Number Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less. 3205918 Carrier Control Number Not enrolled for health benefits. Other (specify) 3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below. PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RE-PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT TIREMENT EMPLOYEE SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted after separation for retirement. Record) will be submitted for approval before separation for retirement. LIFE INSURANCE DOCUMENTATION LIFE INSURANCE DOCUMENTATION Applicant eligible for continued life insurance coverage. X Applicant eligible for continued life insurance coverage. Upon separation attach original copy of SF 56 (Agency Certification of Establish follow up to assure that original copy of SF 56 (Agency Certifica-Insurance Status) tion of Insurance Status) and any current SF 54 (Designation of Beneficiary) NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel will be attached to final SF 2806 (Individual Retirement Record) when submitted after separation for retirement. folder. HEALTH BENEFITS DOCUMENTATION HEALTH BENEFITS DOCUMENTATION X Applicant eligible for continued health benefits enrollment. Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Trans-Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder ferring enrollment to Civil Service Retirement System) and all personnel copies of SF 2809 and SF 2810 together with any medical certificates. folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to $\underline{\text{final}}$ SF 2806, when submitted $\underline{\text{after}}$ separation for retirement. F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE G. AGENCY EMPLOYING OFFICE CERTIFICATION I certify that the information contained on this form accurately reflects official 1. Verify that life insurance and health benefits status as personnel records in the custody of this agency. shown on this form are consistent with payroll records. SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record. DATE 1 3. Submit SF 2801, Application for Retirement, together with Personnel Officer certified SF 2806, Individual Retirement Record, and re-AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE $FBI \qquad 202-324-4981$ quired attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health,

9th St. & Pa. Ave. N. W.

Washington, D.C. 20415, within time limits prescribed in

FPM Supplement 831-1, Subchapter S22.

STANDARD FORM 56 FEBRUARY 1968	AGENCY C	ERTIFICATION OF INS	URANCE STATUS						
U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870-1 55-108	Federal Emp	loyees Group Life Ins	urance Program						
1. NAME (Lost)	First) (Middle)	2(a). DATE OF BIRTH (Month, Day, Year)	2(b). SOCIAL SECURITY NUMBER						
Punghia, Ni	CHOLAS J.	8-28-13	069 16 6407						
3. CHECK THE REASON FOR TERMINAT	ING INSURANCE .		· · · · · · · · · · · · · · · · · · ·						
(o). SEPARATED	(c). DIED	12	OTHER (Specify)						
(b). X RETIRED	HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? YES NO	(d). MONTHS NON-PAY STATUS	(e).						
4. CHECK APPROPRIATE BOX CONCERNIN	G SF 54, DESIGNATION OF BENEFICIARY		,						
(c). CURRENT S F 54 ATTACHED	(b). A CURRENT SF NOT ON FILE WI AGENCY	TH THIS (c). THE	URRENT SF 54 IS ON FILE IN EMPLOYEE'S OFFICIAL PERSONNEL						
NOTE: IF EMPLOYEE (A) D'ED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (b) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING- BOX 4 (b) CR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMIN- ATION OF INSURANCE.									
5. DATE OF EVENT C-ECKED N & ANN CF CONTROL OF CONTROL	AL BASIC PAY RATE (NOT AMOUNT INSCRANCE) ON DATE IN ITEM 5. VERT CALLY, HOUPLY, PIECEWORK, RAJE TO JAMPAL ZATE. 5PER ANNUM	7. DID EMPLOYEE HAVE OPTIONAL INSUR- ON DATE IN ITEM 5? NO THE YES, IF YES, GIVE RECEIPT DATE OF ELECTION OPTIONAL INSURANCE (SF 176 or 176-1	OF PLOYEE (MONTH, DAY, YEAR)						
9. I CERTIFY THAT THE ABOVE INFORM NAMED WAS COVERED BY FEDERAL	MATION HAS BEEN OBTAINED FROM, EMPLOYEES GROUP LIFE INSURANCE		RECORDS AND THAT THE EMPLOYEE						
D. 12-9 1	1 March	4-25-75							
(Personal signature of a	utnorized agency official)		(Date)						
Delbert C.		Supervisory Sp							
1	rized agency official)	Wninata: D	(Title) . C. 20533						
rederal Bureau C	of Investigation	Washington, D	i, including ZIP Code of ogency)						
		NATION FOR EMPLOYEE							
You do not convert to an indi You retire with 12 or more ye You retire on an immediate Your optional lite insurance, if you I You do not convert it; and You continue your reguier in You have had optional insurance You monthly annuity is suffi	life insurance (not accidental death an vidual policy of life insurance; and ears' creditable service of which at leas annuity. have any (not accidental death and disr	t 5 years are civilian service, or on ac nemberment), may also be continued, ble to you; and y the full cost; and	count of disability; and						
Value tito incurrence as a series of an	- Laure - 1815 by and 1914 by 087 and a	anth banisains at one 65 as at satisfact	and which wer in later. The maximum						

insurance as a retired employee will be reduced by 2% each month beginning at age 65 or at retirement, whichever is later. The maximum reduction is 75%.

You may, if you prefer, convert your insurance to an individual life insurance policy in an amount not to exceed your combined regular and optional insurance. Or you may continue your regular insurance free after retirement, it eligible as described above, and convert only your optional insurance. Your employing office will instruct you on the procedure to follow if you want to convert only your optional insurance.

If you are eligible to continue your life insurance as a retired employee, your employing agency has been instructed to attach the ORIGINAL of this form to your application for retirement unless you prefer to convert your regular insurance to an individual policy.

If you receive the CRIGINAL copy of this Certification after you file your application for retirement, and you do not want to convert your regular insurance to an individual patroy, forward the ORIGINAL as soon as possible to the agency or office which administers your retirement system.

Keep the DUPLICATE copy for yourself. You will be notified by the Civil Service Commission of your insurance rights.

DEATH WITHIN 31 DAYS

Under certain conditions, life insurance is payable if death occurs within 31 days after an employee's group insurance terminates, even though the remployee had not applied for conversion. If death occurs within this period, further information concerning possible benefits should be obtained from the gaency formed in item 9 above.

SEE OTHER SIDE

SEE OTHER SIDE

FOR ADDITIONAL IMPORTANT INFORMATION AND INSTRUCTION'S ABOUT CONVERSION TO AN INDIVIDUAL POLICY

FOR ADDITIONAL IMPORTANT INFORMATION AND INSTRUCTION'S FEDERAL EMPLOYEES' COMPENSATION

more hater From

Purchia,

Nicholas

J.

8-28-13

3205918

91 Blauvelt Street Teaneck, New Jersey 07666

15-02-0001

442

069 16 6407

4-25-75

Bureau of Retirement, Insurance, and Occupational Health Civil Service Commission Washington, D. C. 20415

Employee annuitant

FEDERAL BUREAU OF TWESTIGATION
WASHINGTON DC 20535

4-25-75

3hi/8

12/m

STANDARD FORM 56 FEBRUARY 1968	AGENCY C	ERTIFICATION CONTINUES	SURANCE STATUS
U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870-1 56-108	Federal Emp	loyees Group Life In	surance Program
I. NAME (Cast)	(First) (Middle)	2(a). DATE OF BIRTH (Month, Day, Year)	
/purchia, ni	CHOLAS J.	8-28-13	069 16 6407
3. CHECK THE REASON FOR TERMINAT	TING INSURANCE	· · · · · · · · · · · · · · · · · · ·	<u></u>
(a). SEPARATED	(c). DIED	12	OTHER (Specify)
(b). RETIRED	HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? YES NO	(d). MONTHS NON-PAY STATUS	(e).
4. CHECK APPROPRIATE BOX CONCERNIT	NG SF 54, DESIGNATION OF BENEFICIARY		
(a). CURRENT S F 54 ATTACHED	(b). A CURRENT SF NOT ON FILE WI AGENCY	TH THIS (c). THE	CURRENT SF 54 IS ON FILE IN EMPLOYEE'S OFFICIAL PERSONNEL DER (OR EQUIVALENT)
IF NO CURRENT SF 54 IS ON	IS RETIRING OR RECEIVING FEDERAL CURRENT SF 54, IF ANY, TO ORIGIN FILE, CHECK BOX 4 (b). IN ALL OTHER SF 54 IS ONE THAT HAS NOT BEEN CA	AL SF 56 AND CHECK BOX 4 (a) ON C CASES. SHOW WHETHER OR NOT CLI	ORIGINAL AND ALL COPIES OF SF 56;
DATE OF EVENT CHECKED IN 6. ANN OF CON ETC.	IUAL BASIC PAY RATE (NOT AMOUNT INSURANCE) ON DATE IN ITEM 5. VERT DAILY, HOURLY, PIECEWORK, RATE TO AMOUNT SATE.	7. DID EMPLOYEE HAVE OPTIONAL INSUR ON DATE IN ITEM 5? NO YES IF YES, GIVE RECEIPT DATE OF ELECTIO OPTIONAL INSURANCE (SF 176 or 176-	SION PRIVILEGE (SF 55) TO EM- N OF PLOYEE (MONTH, DAY, YEAR)
P. I CERTIFY THAT THE ABOVE INFORM NAMED WAS COVERED BY FEDERAL	MATION HAS BEEN OBTAINED FROM, L EMPLOYEES GROUP LIFE INSURANCE	AND CORRECTLY REFLECTS, OFFICIA ON THE DATE SHOWN IN ITEM 5.	L RECORDS AND THAT THE EMPLOYEE
		4-25-75	
(Personal signature of a	outhorized agency atticion		(Date)
(Typed name of duting	prizea agency otticial)	<u>Supervisory Sp</u>	ecial Agent (Title)
Federal Rureau	of Investigation	Washington, D	. C. 20535

p. 02-6-55 pl//

SEE OTHER SIDE

FOR

INSTRUCTIONS TO EMPLOYING AGENCY

Die of 8104 core of 35-56 The series H.J. 07666 Core of Grand Sing Sing Jakes Disco 3-4-75.

CPARTS FILE COPY-CONTRACTOR

INSTRUCTIONS TO EMPLOYING AGENCY

COMPLETION OF CERTIFICATION

- 1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
 - z. Death.
 - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
 - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
 - d. Any other reason, if the employee desires to convert his life insurance, except under the following cirsumstances:
 - (1) Employee waived or declined on SF 176 (or SF 176-T);
 - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;
 - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
- 2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF 2801) with the Civil Service Commission.
- 3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
- 4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

DISPOSITION OF CERTIFICATION

- 1. Death of employee
 - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
 - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
 - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.
 - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.
- 2. Retirement of employee
 - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee, [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the "FINAL" Individual Retirement Record (SF 2806).
 - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.

Illustrative Statement

"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

(Employee's signature)

(Address-print or type)

(Date)

- c. If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
- 3. If employee is receiving compensation benefits
 - a. Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
 - b. Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT AND INSURANCE, WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.
 - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
- 4. All other cases—

Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.

5. In all cases—

Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent,

PROMPT CERTIFICATION REQUI

The time in which an expoyee may convert his group life Insurance in individual policy is limited. This SF 56 must be completed and delivered or mailed to him promptly.

NOTIFICATION OF PERSONNEL ACTION FEDERAL BUREAU OF INVESTIGATION

	,		
1. NAME(CAPS) LAST-FIRST-MIDDLE MRMISS-MRS.	2.(FOR AGENCY USE)	3. BIRTH DATE	4. SOCIAL SECURITY NO.
PURCHTA NICHOLAS J SIP		08-28-13	069-16-6407
5. VETERAN PREFERENCE	6. TENURE GROUP	7.SERVICE COMP DATE	32232543575575
1-NO 3-10 PT. DISAB. 5-10 PT. OTHER			
2-5 P1. 4-10 P1. COMP.	. 1 ·		
9. FEGLI 1 -covered (Regular only-declined Optional)	10. RETIREMENT	S 5OTHER	11. (FOR CSC USE)
2-INELIGIBLE 3-WAIVED 4-COVERED (Reg. & Opt.)	1-cs 3-F 2-FICA 4-N		1.
12.CODE NATURE OF ACTION	13. EFFECTIVE DATE	14. CIVIL SERVICE	OR OTHER LEGAL AUTHORITY
	CR		
			•
302 RETTREMENT - VOLUNTARY	04-25-75		
	•	, ,	
15. FROM: POSITION TITLE AND NUMBER	16. PAY PLAN AND	17. GRADE STEE	18. SALARY
The Nomban	OCCUPATION CODE	(a) OR (b) OR LEVEL RATE	
SPECIAL -AGEUT	⊸, GS	13 09	\$27632 PA
51-F-048 170	SFRIFS 1811		
19. NAME AND LOCATION OF EMPLOYING OFFICE		_l	<u> </u>
19. HAME AND ESCATION OF EMPLOTING SPRICE		\	
•			•
•		•	
	· · · · · · · · · · · · · · · · · · ·	100	
20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. GRADE STER	23. SALARY
	0000, 71101, 0002	(a) OR (b) OR LEVEL RATE	: · · ·
,			`
24. NAME AND LOCATION OF EMPLOYING OFFICE			
,			*
,			•
	`		,
25. DUTY STATION (City-county-State)	,		26. LOCATION CODE
27. APPROPRIATION	Lea pocificul occupies	IOO ADDODTIONED	POCITION .
27. APPROPRIATION	28. POSITION OCCUPIED	29. APPORTIONED	POSITION
	1-COMPETITIVE SERVICE	FROM	
S. & E., FBI	2 2-EXCEPTED SERVICE	1-PROVED-1	
30. REMARKS;	Z SERVICE	12-1121725-	·
A. SUBJECT TO COMPLETION OF 1 YEAR PROBAT	TONARY (OR TRIAL) PERIOD COMMEN	CING	
D SERVICE COUNTING TOWARD CAPEER (OR DED		•	
	MANENT) TENURE FROM:		
	MANENT) TENURE FROM:		
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICA	A DUDING		
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED CHECK IF APPLICA	ABLE. C. DURING PROBATION	TOTTOU 933	tien since as
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATE AT HIS REQUIEST. HE YOUUNTARILY RETI	ABLE. C. PURING NEED IN VIEW OF SI		
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED CHECK IF APPLICA	ABLE. C. PURING NEED IN VIEW OF SI		
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATION AT HIS REQUIREST. HE VOLUNTARILY RETIONS CIVIL SERVICE PETTREMENT ACT.	ABLE. C. PURING NEED IN VIEW OF SI		
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATE AT HIS REQUIEST. HE YOUUNTARILY RETI	ABLE. C. PURING NEED IN VIEW OF SI		
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS. THE APPLICATION IN THE APPLICATION	RED IN VIEW OF SI (AT LEAST AGE 50		
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATION AT HIS REQUIREST. HE VOLUNTARILY RETIONS CIVIL SERVICE PETTREMENT ACT.	RED IN VIEW OF SI (AT LEAST AGE 50		
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS. THE APPLICATION IN THE APPLICATION	RED IN VIEW OF SI (AT LEAST AGE 50		
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS AND ASSOCIATIONS AS A PROPERTY OF A PROPERTY AS A PROPERTY OF A PROPERTY AS A PROPERTY OF A PROPERTY O	ABLE. C. DURING PROBATION RED IN VIEW OF SI (AT LEAST AGE 50	• AHD 20 YI	ears or Morf
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASON FOR BETTRENG. AND OVER GAVE NO REASON FOR BETTRENG.	ABLE. C. DURING OF PROBATION RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16-NO OTHER INFO	, OS CIVA ,	EARS OR MORF
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASON FOR BETTRENG. AND OVER GAVE NO REASON FOR BETTRENG.	ABLE. C. DURING OF PROBATION RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16-NO OTHER INFO	, OS CIVA ,	EARS OR MORF
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASON FOR BETTRENG. AND OVER GAVE NO REASON FOR BETTRENG.	ABLE. C. DURING OF PROBATION RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16-NO OTHER INFO	, OS CIVA ,	EARS OR MORF
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS AND ASSOCIATIONS AS A PROPERTY OF A PROPERTY AS A PROPERTY OF A PROPERTY AS A PROPERTY OF A PROPERTY O	ABLE. C. DURING OF PROBATION RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16-NO OTHER INFO	, OS CIVA ,	EARS OR MORF
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASON FOR BETTRENG. AND OVER GAVE NO REASON FOR BETTRENG.	ABLE. C. DURING OF PROBATION RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16-NO OTHER INFO	, OS CIVA ,	EARS OR MORF
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASON FOR BETTRENG. AND OVER GAVE NO REASON FOR BETTRENG.	ABLE. C. DURING OF PROBATION RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16-NO OTHER INFO	, OS CIVA ,	EARS OR MORF
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASON FOR BETTRENG. AND OVER GAVE NO REASON FOR BETTRENG.	ABLE. C. DURING OF PROBATION RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16-NO OTHER INFO	, OS CIVA ,	EARS OR MORF
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASON FOR BETTRENG. AND OVER GAVE NO REASON FOR BETTRENG.	c. puring c. probation RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16NO OTHER INFO: thru ob 4-25-75. 1-75 and ending as	MATION AV. Lump-sum 1 fter 1 hou	ATLABLE. ATLABLE. ASSESSED TO THE SERVICE OF THE
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATION APPLICATION OF PETTREMENT ACT. THE CIVIL SERVICE PETTREMENT ACT. T	c. puring c. probation RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16NO OTHER INFO: thru ob 4-25-75. 1-75 and ending a:	, OS CIVA ,	ATLABLE. ATLABLE. ASSESSED TO THE SERVICE OF THE
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATION APPLICATION OF PETTREMENT ACT. THE CIVIL SERVICE PETTREMENT ACT. T	c. puring c. probation RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16NO OTHER INFO: thru ob 4-25-75. 1-75 and ending a:	MATION AV. Lump-sum 1 fter 1 hou	ATLABLE. ATLABLE. ASSESSED TO THE SERVICE OF THE
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATION APPLICATION OF SETTING THE CIVIL SERVICE PETTREMENT ACT. THE CIVIL	c. puring c. probation RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16NO OTHER INFO: thru ob 4-25-75. 1-75 and ending a:	MATION AV. Lump-sum 1 fter 1 hou	ATLABLE. ATLABLE. ASSESSED TO THE SERVICE OF THE
AT HIS REQUEST. ME VOLUNTARILY RETITHE CIVIL SERVICE PETIREMENT ACT. THE CIVIL SERVIC	RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16NO OTHER INFO thru cb 4-25-75. 1-75 and ending a	MATION AV. Lump-sum 1 fter 1 hou	ATLABLE. ATLABLE. ASSESSED TO THE SERVICE OF THE
AT HIS REQUEST. ME VOLUNTARILY RETITHE CIVIL SERVICE PETIREMENT ACT. THE CIVIL SERVIC	RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16NO OTHER INFO thru cb 4-25-75. 1-75 and ending a	MATION AV. Lump-sum 1 fter 1 hou	ATLABLE. ATLABLE. ASSESSED TO THE SERVICE OF THE
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATE AT HIS REQUIFST. HE VOLUNTARILY RETITIVE CIVIL SERVICE PETTREMENT ACT. THE COMMENCE A-26-7 FMPI OYFE GAVE NO REASON FOR BETTRING PAID APPLICATION ACT. PAID HOPE GAVE NO REASON FOR BETTRING PAID APPLICATION ACT. THE CIVIL SERVICE PETTREMENT ACT. THE CIVIL SERVIC	RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16NO OTHER INFO: thru cb 4-25-75. 1-75 and ending a:	RMATION AV. Lump-sum proming to 1 house	TLAGLE. ATLAGLE. ATLAGLE
AT HIS REQUEST. ME VOLUNTARILY RETITHE CIVIL SERVICE PETIREMENT ACT. THE CIVIL SERVIC	RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16NO OTHER INFO thru cb 4-25-75. 1-75 and ending a	RMATION AV. Lump-sum proming to 1 house	TLAGLE. ATLAGLE. ATLAGLE
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATE AT HIS REQUIFST. HE VOLUNTARILY RETITIVE CIVIL SERVICE PETTREMENT ACT. THE COMMENCE A-26-7 FMPI OYFE GAVE NO REASON FOR BETTRING PAID APPLICATION ACT. PAID HOPE GAVE NO REASON FOR BETTRING PAID APPLICATION ACT. THE CIVIL SERVICE PETTREMENT ACT. THE CIVIL SERVIC	RED IN VIEW OF SI (AT LEAST AGE 50) 75. 16NO OTHER INFO: thru cb 4-25-75. 1-75 and ending a:	RMATION AV. Lump-sum proming to 1 house	TLAGLE. ATLAGLE. ATLAGLE
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATION APPLICATION OF PETTREMENT ACT. THE CIVIL SERVICE PETTREMENT AFFIDAVIT (Accessions only) SERVICE SERVICE PETTREMENT AFFIDAVIT (Accessions only)	C. puring C. probation CRED IN VIEW OF SI (AT LEAST AGE 50 CAT	RMATION AV. Lump-sum proming to 1 house	TLAGLE. ATLAGLE. ATLAGLE
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATE AT HIS REQUIFST. HE VOLUNTARILY RETITIVE CIVIL SERVICE PETTREMENT ACT. THE COMMENCE A-26-7 FMPI OYFE GAVE NO REASON FOR BETTRING PAID APPLICATION ACT. PAID HOPE GAVE NO REASON FOR BETTRING PAID APPLICATION ACT. THE CIVIL SERVICE PETTREMENT ACT. THE CIVIL SERVIC	C. puring C. probation CRED IN VIEW OF SI (AT LEAST AGE 50 CAT	RMATION AV. Lump-sum proming to 1 house	TLAGLE. ATLAGLE. ATLAGLE
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATION AND THE CIVIL SERVICE PETTREMENT ACT. THE CIVIL SERVICE PETTREMENT A	C. puring C. probation CRED IN VIEW OF SI (AT LEAST AGE 50 CAT	RMATION AV. Lump-sum proming to 1 house	TLAGLE. ATLAGLE. ATLAGLE
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICATION APPLICATION OF PETTREMENT ACT. THE CIVIL SERVICE PETTREMENT ACT. THE COMMENTER ACT. THE COMMENT ACCORDED AND THE CORDED 16 WAY 12 1975 TO BE THE CORDED 18 WAY 12 1975 TO BE THE CORDED 18 WAY 12 1975 TO BE THE CORDED 31. DATE OF APPOINTMENT AFFIDAVIT (Accession's only)	C. puring C. probation CRED IN VIEW OF SI (AT LEAST AGE 50 CAT	RMATION AV. Lump-sum proming to 1 house	TLAGLE. ATLAGLE. ATLAGLE

4. PERSONNEL FOLDER COPY

PURCHIA MONTH JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER GCTOBER NOVEMBER DECEMBER	NICHOLAS J TOT OT 42.05 43.44 35.58 46.52 41.40 44.47 50.00 38.48 42.32 37.35 42.15	AVG OT (2.06 2.26 2.07 2.28 2.05 2.08 2.30 2.17 2.30 2.13 2.13	-16-64()7 OFF AVE 2.23 NY 2.24 NY 2.25 NY 2.25 NY 2.25 NY 2.25 NY 2.27 NY 2.21 NY 2.21 NY 2.21 NY	DAYS WORKED 20 18 17 19 20 21 20 17 17 17 17
DECEMBER	49,49	2-29	-2-21-NY	2.0
TOTAL 1971 -	516.05	2.18	and a comparison of the control of t	225

PURCHIA	NICHOLAS J	069-1 AVG OT 01	16-64 ⁰⁷ FF AV ^G	DAYS WORKED
JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER	34.47 49.58 47.12 34.39 43.58 42.37 35.01 39.53 5.34 27.00 38.15 39.46	2.19 2.30 2.03 2.10 2.00 2.02 1.57 1.54 1.51 1.56 2.01 2.06	2.23 NY 2.23 NY 2.12 NY 2.05 NY 2.05 NY 2.07 NY 2.07 NY 2.07 NY 2.07 NY 2.08 NY 2.12 NY	15 20 23 16 22 21 18 21 3 14 19 19
TOTAL 1972	43.8.40	2.05	in the constant of the constan	211

Blick

FD-208 (Rev. 2-20-57) STANDARD FORM NO. 64



Office Memorandum • United States Government

33					
TO :	Director, FBI		DATE:	6/2/59	`
	-			, , , , ,	
FROM :	SAC, NEW YORK				
CMO	<i>A</i>		٨	۸	
SUBJECT:	NICHOLAS J.//PURCHIA,	SA	1 de		
,	(Employee)		M- b x	U	
	NEW YORK		my to	•	
	(Division)		٠. ٧.		
ILLNESSES				-	
Nature of ill	Iness: (Indicate extent of, description, ar	nd current condition	under Remarks)		
Accider	at Injury Disease	Operation	(Date of surgery and pomust be indicated unde	ostoperative condition r Remarks)	
Date sick le		sed active duty		of return to duty	

Confined at	: Hospital Residence				
Address:					
			•		
,			,		
Remarks:	•				
			1/10	06	
			67-413		
	RECOL	RDED - 143	Searched	Numbered26	
			1 (2) 3	ON Q 1999	
DEATHS					
Father	Mother Spouse Br	other Sister	X Son Do	ughter	
	WILLIAM PURCHIA			her	
	(Name of deceased)			(Relationship)	
1	ace of death				
6/2/	/59 North Jersey	Training So	chool, Totowa	, New Jersey	
Remarks:	ReNYlet, 8/12/54, which at the time of birth who	gave the cl	hild's physic	al condition	
ć	at the time of birth who	ich has cau	sed him to be	institutionali to the Directo	zed
	constantly since birth. letter to SA PURCHIA, 8,	/17/54.	Tropagation made	10 OILC DITECTO	. D
WPD: rma					
(2)	dus, pers, mett	<u> </u>	,		
	dis, pers. mete 6/4/59 girt	2.5		5/ Jr	
	siento			\ \mathcal{h}_{D_i}	
	9			, ,	•

	ard Form						_		<i>a.</i>
ir (Rev	7. June 1956)		PORT	F OF MEDIC	CALE	XAMINATI	rwg	* 2°
/ 1. LAS	ST NAME-F	IRST NAME-MIDDLE NAME			<u> </u>		2. GRADE AND COMP	ONENT OR POSITION	3. IDENTIFICATION NO.
PITE	CHTA	MICHOLAS JOHN	7						
4. HO	ME ADDRES	NICHOLAS JOHN S (Number, street or RFD,	city or tow	n, zone and	i State)		5. PURPOSE OF EXAM	INATION	6. DATE OF EXAMINATION
		ELT ST.: TRAN					ANNUAL		25 NOV 1959
7. SE	x	8. RACE	9. тот/	AL YEARS G	OVERNMENT SERVICE	:	10. AGENCY	11. ORGANIZATION UNI	T T
MAI	E	CAUCASIAN	MILITA	RY 5	CIVILIAN 12	77	DEPT JUSTIC	स्य म	at .
	TE OF BIRTI		TH				14. NAME, RELATIONS	HIP, AND ADDRESS OF NEX	
8/28/13 NYC USA						•			
15. EX	AMINING FA	CILITY OR EXAMINER, AND	ADDRÉSS	77077			16. OTHER INFORMAT	ION	
2 / m	07.001.	00 (i) 1 D	37	USAI	D NYC*	1			•
₩. KA	TING OR SP	ecialty, hurch st	New	York	- 7 - N - Y		TME IN THIS CAPACIT	Y (Total)	LAST SIX MONTHS
		"				Ī		· •	
		CLINICAL EVALUATION			NOTES. (Describ	e everv a	bnormality in de	ail. Enter pertinent	item number before each
NOR- MAL		each item in appropria enter "NE" if not evalu	te col-	ABNOR-		nt. Con	tinue in item 73 a	nd use additional she	ets if necessary.)
X		FACE, NECK. AND SCALP	inted.)	MAL	20 Base				
X	19. NOSE								gative to digital
x	20. SINUSE	s .,	7º 0 1°	****	examinat				. tags, asymptomatic
x	21. MOUTH	AND THROAT		100	Job Pesit	Tanna	, 2º bliat	eral, asympto	matic.
x	22. EARS-	GENERAL (Int. & ext. canals)	(Auditory						
x		(Perforation)	10 ana 111						٠
x	24. EYES-	GENERAL (Visual acuity and under items 59, 60	refraction						
x		ALMOSCOPIC .	ana or,						
x	26. PUPILS	(Equality and reaction)							
x	27. OCULA	R MOTILITY (Associated pare ments, nystaomu	illel more-						
x		AND CHEST (Include breas							
x	29. HEART	(Thrust, size, rhythm, sou	nds)						
x	30. VASCUI	LAR SYSTEM (Varicosities,	etc.)						
X.,	31. ABDOM	JEN AND VISCERA (Include	hernia)		ويجيد بمريو "جيدمي				
***	32. ANUS	AND RECTUM (Hemorrhoids,)	istulae)	x	. NUR & \$103	MUD*	ija noga	HILL HOME	
X.		RINE SYSTEM			• 5				
X [©]	34. G-U S	YSTEM"	23				resent bir		
X	35. UPPER	EXTREMITIES (Strength, ran	geloj ^w .i Y s				No libvér	ELLEN SEDIC	2 att.00 spear
3	36. FEET"	and the supplementation of the	. နှံ မေဝန်း	Tax N	ic belayjte	o *	REC- 140	61-413-7	197 - 89
x	37. LOWER	EXTREMITIES (Except feet) (Except feet)	of motion)			æ.	140	CUTA ho.	
x	38. SPÍNE,	OTHER MUSCULOSKELETAL			X.o.	The same		/ DEA	2911959
X	39. IDENTI	FYING BODY MARKS, SCARS,	TATTOOS		211	20 K	V /	. DE	- AND 11909
X :	 	LYMPHATICS			200	1 6	アノ	1	
x		LOGIC (Equilibrium tests und			Take (N N	and the same of th		, z
X	42. PSYCH	IATRIC (Specify any personality	y deviation)			0 ,			*
	43. PELVIC	(Females only) (Check hor	v done)			T	~	•4	\bigcup
		□ VAGINAL [** ** ** ** ** ** ** ** ** ** ** ** **			e in item 73)	
		appropriate symbols above		•	•	-		DEFECTS AND	ADDITIONAL DENTAL DISEASES
<i>I</i> —	Restorable to Nonrestorab		$\frac{X}{XXX}$	-Missing te -Replaced b 	eth by dentures	(6 X	8)—Fixed bridge, brac include abutme	kets to nts CLA	ASS I
R I	x 2	3 4 5	5 7	8	9 10 11	X- 1	37 15	38 E C	DECLESION NORMAD
G - H T	3 (31	30 29) 28 2	27 26	25	24 23 22	21 (2	20 🐹 18)	17 F	
					LABORATO	RY FINDING	GS -	ا ه تین	·····

A5. URINALYSIS: A. SPECIFIC GRAVITY

B. ALBUMIN NEGATIVE

C. SUGAR NEGATIVE

D. MICROSCOPIC

NEGATIVE

NORMAL

NOR

DEC 30 1950

May

						M	EASURE	MENTS	AND C	THER	FINDING	as							,	
51. HEIGHT		52. WEIGHT			ROWN		54. COL. B	OR EYES		5. BUILD sti	: INDER			X HEAV		ОВЕ	SE .		EMPER 98 _€ 6	
57.	BLO	DD PRESSUR	E (Arm at	heart le	vel)			58.		[- [7		-	1rm at h		vel)			·	
Α.	sys. 130		SYS.		C.		rs.	A. SI	TTING	ÎB	. AFTER I	EXERCISE	C. 2-	MIN. AFT	ER	D. RE	CUMBENT.		TER ST	ANDING
SITTING	DIAS. 80	RECUM BENT	DIAS.		STANDI (3 min		AS.	Ula	12/3	اند	88	:		72				"		
59.		ANT VISION			60.			REFRACT		4	05 Pi	1354	61.			NE	AR VISION	<u> </u>		
RIGHT 20/2	20	CORR. TO	20/		ВУ		s.			0;	<u> </u>	 J		n .	CORR.	то		E	Y Y	
LEFT 20/ 2		CORR. TO			BY		S.			0)				n	CORR.				 3Y	
			•		15.		<u></u>			7		•	-	<u>'</u>						
62. HETERO	OPHORIA (Sp -	EX°	ε)	к, н	•	1	L. H.		PRISM I		حتاس	PRISM	III 1 CONV. IT		,	, all 141	PC	۹,	PD	1° 1° 19
63.	ACCOL	MODATION			64. COL	OR VISI	ON (Test	used an	d result)			65. DE	PTH PE	RCEFTIC	N		UNCORRE	CTED		
		LEFT			į.		-							d and so			CORRECT			
RIGHT		LEFI					a Ne					60 DE	D LENS	TECT			69. INTRA		AD TEN	CION
66. FIELD C	OF VISION				67. NIG	HI VISIC	ON (Test 1	usea ana	score)			00. KE	D LENS	1631			US. INTRA		AR IEN	
70.	HEA	RING			71.			A	UDIOME	TER				72. PS	YCHOL	OGICAL	AND PSYC	:номо	TOR	
4	······································			u -		020		1000	2000	3000	4000	6000	8000] (1	coto US	4714	01.016)			
RIGHT WV	15	/15 SV	1.5	/15		250 256	500 δ12	1000 1024	2000 2048	3000 2896	4096	6144	8192							
3 2					RIGHT				\vdash	 				1						
LËFT WV	15	/15 SV	15	/15			 		 					1						
73	(Continued)	AND 0:0:::			LEFT	L	1		l	<u> </u>	<u>, </u>	L		L						
74 SUMM	ARY OF DEFE	CTS AND DIA					numbers)	nal sheets				UMP,] * (3	ge - Tike H Aves	(vghts/f		*		
- "							GJ.	1 1 M	A 150 4 7	*		Dalle J	¥33			. ,	او پو ^{ند} دې وي. د وي	3	$C_{1}^{(i)}$	10°3,
4						,											4 4			
•							7						•				•		- •	. •
75. RECOM	MENDATIONS	-FURTHER	SPECIALIST	r EXAM	INATIONS	INDICAT	TED (Spe	cify)						76.	-	A. PI	HYSICAL P	ROFIL	E	
														P	U		L	н	E	S
	N 0 N	173													1					
77 EVANUE	NON NEE (Check)	<u>r. </u>		•			2													
	UALIFIED FOR	t LIFIED FOR	וז מ	ጥ Ծ		D	UT	Y								B, PHY	SICAL CA	TEGOR	ťΥ	
78. IF NOT	QUALIFIED.	LIST DISQUA				NUMBE	R						-	A		В		С		E
79. TYPED	OR PRINTED	NAME OF PH	YSICIĄN			2 2 H			, <u>3</u> ,	SIC	NATURE			l	!				l	
80. TYPED	OR PRINTED				* .	*6 *				ste	NATURE				<u> </u>				a q	
	OR PRINTED	NAME OF DE	NTIST OR I		У		ich)			SIG	NATURE	(a.	Tel	u		1			
	OR PRINTED		VIEWING O	FFICER		OVING A	UTHORIT	Y	·	SIG	NATURE			-\-	}		<u> </u>	NUM	BER OF	AT- EETS
	3_ 8								1					u. s.	GOVER	NMENT P	RINTING OF	FICE :	1957 0-	-432298

FD-300 (Rev. 5-21-58)

ATTACHMENT TO STANDARD FORM 88, REPORT OF MEDICAL EXAMINATION

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER

Name of Examinee:	PURCHIA	NICHOLAS	JOHN			
(Type or print)	Last	First	Middle			
The following p	portions of the attached ex	amination report form need	not be completed:			
	2	62				
	3	65				
	11	67				
	14	68				
t	17	69				
	46	71 72				
	48 49	72				
46. Is necessary un	aless facilities for affordin	ng same are not readily ava	ilable.			
48. Not required unis desirable.	3. Not required unless examinee is over 35 years of age or examination indicates such is desirable.					
49. Is necessary un	49. Is necessary unless facilities for affording same are not readily available.					
71. Audiometer exc	aminations should be afford	ded whenever possible.	•			
FOR ALL EXAMINI	PES WHETHER CLERICA	L OR SPECIAL AGENT A	PPI ICANTS			
OR EMPLOYEES:	LLO, WILL TILL CLETTO	IL OIL DI LOME MODIVI M	11 110/11/10			
off dim do i did.						
The medical exam	niner should answer the followin	g question:				
Examinee 🕡	is is not qualified	for strenous physical exer	tion.			
TO BE ANSWERED	IN THE CASE OF ALL M	MALE EMPLOYEES AND M	ALE APPLICANTS:			
	tacties and dangerous assignments which might entail the practical use of firearms?					
			-			
2. Does examinee		ing safe operation of motor				

67- DSURE

MAT

Weights for Males

Height		SMALL F	RAME	MEDIUM FI	RAME	LARGE FRAME		
Fee	t-Inches	Desirable	Maximum	Desirable	Maximum	Desirable	Maximum	
5	4	121-131	143	129-139	152	136-148	162	
5	5	124-134	146	132-142	155	140-152	166	
5	6	128-138	151	136-146	160	144-157	172	
5	7	131-142	155	140-151	165	148-161	176	
5	8	135-146	160	144-155	170	152-165	181	
5	9	139-150	164	148-159	174	156-170	186	
5	10	143-154	168	152-163	178	160-175	192	
5	11	147-159	174	156-168	184	164-180	197	
6	0	152-164	179	161-173	189	169-185	203	
6	1	158-170	186	166-179	196	174-191	209	
6	2	163-175	192	171-184	201	179-197	216	
6	3	168-180	197	176-189	207	184-202	221	
6	4	174-186	204	182-195	214	190-208	228	
6	5	180-191	209	188-201	220	196-214	234	

	Examinee's frame is medium large Considering above weight table, the examinee's frame, and other individual physical characteristics,
4.	I consider his present weight Satisfactory Excessive Deficient ,
5.	Under proper medical supervision, examinee should lose pounds
	gainpounds
Re	marks:

(Signature of Medical Examiner)

25 NOV 55

(Date)

Property of the State St



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

b6 b7C

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS J. PURCHIA
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name		Relationship WIFE	Date 10/16/3-9
Address 91BLAUVELT	STREET.	TEANECK, N	J.
	nated as my beneficiary	under the Chas. S. Ross Fund p	
Name	•	Relationship WIFE	Date 10/16/59
Address 91 BLAUVELT	STREET,	TEANECK, N.	Ţ.
DEC 2)	Very truly yours, M. cholas Special Agent	J. Burches

		11/16/59
SAC,	NEW	YORK
	• • •	
	RE:	NICHOLAS J. PURCHIA SPECIAL AGENT
		In-Service Course 11/2/59 to 11/13/59
29.		
		Type of School: X Security Criminal General
Dear Si	r:	
	*	
Course	at the	The above-mentioned Special Agent attended the above In-Service Training
Course	di ine	Seat of Government and attained the following grades:
	ې پې دي. دي	Notebook
	11 27	Examination Double Action Course Practical Pistol Course 88
		Double Action Course Practical Pistol Course
	44	Shotgun (Skeet)
ھُيَٰہِ ، اُحَفَّا سِن جهاب يہ		30 Ritle
		Mαchine Gun
h.		
training		The firearms grades should be entered on the individual field firearms.
		This employee should be credited with 23 hours and 3 minute
of over	time ed	uned on calendar days during the above period in Variety or
	# 2 1 4 1 M	Very truly yours,
		A & Land
en land a finished		John Edgor Hoover
, e		Director
1 - SA	1-18 (mg 3-18 (mg 3-18 (mg	NICHOLAS J. PURCHIA
1-04		NEW YORK
The state of the s	W. 7.73	MANUEL ST.
X.J	S:chb (3)	The state of the s
Ma	ail Roo	
* * * * * * * * * * * * * * * * * * * *	e"	CCM1777

	i organizational	-						2. Payroll peri	od	3. Block No.	4, Slip No.
	•	t. of Ju						(0 1		,	
			umber when appropria	te)	y 4	Lat.		6, Grade and		•	
toota	Mi, A.	icining q	PURCHIA		3	A		GS 13	\$10,37	Q	4
		1,		p	AYROLL CH	ANGE DAT	A				
	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.		NET PAY
7. Previous normal						3.					
8. New normal											
9. Pay this period											
								67-NÚI !	reco rd	ED-3	udited by
Periodic si	ep-increase	Pay adjustment	Other step-increas								
14. Effective date	15. Date lasi equivale		17. New salary rate(18	. Performance r	ating is satisf	actory or b	etter.	Λ	ام	M. Opti
-6-59	3jinckeaso	\$10,13			<u>-</u>		(Signature	or other autho	ntication)		
during fol Period(s):	owing periods);	priate spaces coveri al excess LWOP	ig LWOP,				0 (0	In pay statu	s at end of w	f waiting period,	A : CLL Initials of Cl
	FORM NO. 11260 d by Comp. Gen., 6 GAO 8000	U. S,		**************************************	P		PAYROLL	CHANGE SL	P - PERSON	INEL COPY	3/7





PAST SAFE DRIVING RECORD CERTIFICATION

,	NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL)	,	DATE
;	PURCH IA, NICHOLAS J.		5/29/59
	LI-1	POSITION TITLE SPECIAL AGEN T	-, ,,,,,
) .	THIS IS TO CERTIFY THAT I PRESENTLY ** HOLD CON NOT HOLD DRIVER'S LICENSE.	A VALID MOTOR VEHICLE OPERATOR'S	PERMIT OR
TOR	PERMIT ISSUED BY: (STATE, TERRITORY	PERMIT NUMBER	PERMIT EXPIRES
OPERATOR	POSSESSION, DISTRICT) NEW JERSEY	2 589747	DEC. 1961
IN BY	THIS IS AN <u>UNRESTRICTED (REXTRICTED</u> PERMIT. (IF RESTRICTED, EX (STRIKE OUT ONE)	PLAIN BELOW)	
TO BE FILLED	THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAVE DE ALLY OWNED) APPROXIMATELY 35,000 MILES. DURING THIS TIME TRAFFIC VIOLATION TICKET; (BF I 23 HAVE 125 HAVE NOT BEEN HELD INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, PLEASE DATES OF OFFENSES.	D AT FAILLT AS THE DRIVER OF A MO	TOR VEHICLE
		•	
,			
	* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.	Micholas S.	urchia
· 	NAME OF REVIEWING OFFICIAL (COLUMN	All poctation with	0475
	NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE INITI DIX, WILLIAM P	SUPERVISOR	7/1/59
	THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND REFL OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE PAS	LECTS THE FOLLOWING INFORMATION (
	CONTINUOUS SAFE DRIVING RECORD		
CIAL	INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT **		
- 1	I CERTIFY THAT THIS EMPLOYEE IS:		
REVIEWING OFF	QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECORD TO OFFICIAL BUSINESS.	O OPERATE MOTOR VEHICLES ON	
BY REVIE	NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFICATION A ROAD, TEST EXAMINATION BEFORE OPERATING A MOTOR VEHI	ONS BY SATISFACTORILY PASSING HICLE ON OFFICIAL BUSINESS.	
Z	REMARKS:		
FILLED			
TO BE	67-NOT ENTROPE ED		77
	** "AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST THE EMPLOYEE.	William /.	CIALI

June 4, 1959

Mr. Nicholas J. Burchia Federal Bureau of Investigation New York, New York

Dear Mr. Purchia:

I have learned of the sorrow which has come to Mrs. Purchia and you in the passing of your son, William, and want to extend my heartfelt sympathy in your bereavement. You need only to let me know if I can be of any assistance.

Sincerely,

Hoover Hoover

1 - SAC, New York (Personal Attention)

JWB with

Tolson

MAIL ROOM TELETYPE UNIT

Belmont _ DeLoach -McGuire Mohr . Parsons Rosen Tamm Trotter W.C. Sullivan 🗅 Tele Room . Holloman

Gandy.



FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

b6 b7C

Name of Employee:	NICHOLAS J. PURCH	<u>IA</u> #10510	
Where Assigned:	NEW_YORK (Division)	INTERNAL SECURITY (Section, Unit)	<u>,</u>
Official Position Title	e: SPECIAL AGENT, GS	-13	
Rating Period: from -	4/1/59	to 3/31/60	
ADJECTIVE RATING:	EXCELLE Outstanding, Excellent	NT , Satisfactory, Unsatisfactory	Employee's Initials
Rated by: Warran WARREN MARCHESSAU	Marchessaue	SUPERVISOR Title	3/31/60 Date
Reviewed by:	The traffer	SPECIAL AGENT IN CHARGE	3/31/60
H. G. FOSTER Rating Approved by	Signature (M)	Title Assistant Director	Date APR 6 1960
·	Signature	Title	Date
QQ	TYPE OF R (x) Official (x) Annual	EPORT 67-413 797 () Administrative () 60-Day () 90-Day () Transfer	90 3 57 ervice



NARRATIVE COMMENTS

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th

A STATE OF THE RESERVE OF

Robert Land Comment

r · · · · · · · · · · ·

oena ya

(For use as attachment to Performance Rating Form No. FD-185)

1 1411	le di Employee	Title SECTAL AGENT, GS-15
		Rating Period: from 4/1/59 to 3/31/60
_	RATING GUIDE AN	
Note		should be rated. All employees in same salary grade should be compared.
Guid	le for determining adjective rating:	
1. ·	"Outstanding" adjective rating requires (A) that all rated elements be "+" and reverse of Form FD-185. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upo mechanical formulas; however, for an employee to be rated "Excellent" he must guide and check-list and must be rated "Excellent" or "Outstanding" on the madjective rating is reasonable in the light of elements rated. A. Any element rated "Unsatisfactory" must be supported by narrative commer B. An "official" adjective rating of "Unsatisfactory" must comply with the requirements.	n the composite result of evaluating all rated elements rather than following any that he rated unsatisfactory on any performance evaluation factors on the rating rajority of such rating factors. Good judgment must be exercised to insure that that has.
_E	 (1) Personal appearance. (2) Personality and effectiveness of his personal contacts. (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). 	(17) Firearms ability. (18) Development of informants and sources of information. (19) Reporting ability: (a) Investigative reports
<u>_</u>	(4) Physical fitness (including health, energy, stamina).	(b) Summary reports (c) Memos, letters, wires
-/	(5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required.	(Consider:conciseness;clarity;organization;
	(7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.	thoroughness;accuracy;adequacy and perti- nency of leads;administrative detail.)
	(8) Initiative and the taking of appropriate action on own responsibility.	(20) Performance as a witness. (21) Executive ability:
	(9) Planning ability and its application to the work.	(a) Leadership (b) Ability to handle personnel
	(10) Accuracy and attention to pertinent detail.	(c) Planning
	(11) Industry, including energetic, consistent application to duties. (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. (13) Knowledge of duties, instructions, rules and regulations, in-	 (d) Making decisions (e) Assignment of work (f) Training subordinates (g) Devising procedures (h) Emotional stability (i) Promoting high morale (j) Getting results
,	cluding readiness of comprehension and "know how" of application.	(22) Ability on raids and dangerous assignments:
7	(14) Technical or mechanical skills. (15) Investigative ability and results: (a) Internal security cases (b) Crimical security cases	(a) As leader (b) As participant (23) Organizational interest, such as making of suggestions for improvement.
	(b) Criminal or general investigative cases (c) Fugitive cases	(24) Ability to work under pressure. (25) Miscellaneous. Specify and rate:
	(d) Applicant cases (e) Accounting cases	Dictation ability
	(16) Physical surveillance ability.	•
A.	Specify general nature of assignment during most of rating period (such as tor, etc.):Security	security, criminal, applicant squad, or as Resident Agent, supervisor, instruc-
	Specify employee's most noteworthy special talents (such as investigator, des	
	(1) Is employee available for general assignment wherever needs of service (2) Is employee available for special assignment wherever needs of service r	
	during such period? NO (If answer to either question is "Yes," explain i	
E.	Is employee qualified to operate a motor vehicle incidental to his official duti If answer is "yes," personnel file must reflect the following: (a) Has physically fit to drive. (c) Past safe driving record OK or has passed Br	valid State or local operator's license for type venicle he is to use. (b) is
	ADJECTIVE RATING: EXCELLENT Outstanding, Excellent, Satisfactory, Unsa	tisfactory EMPLOYEE'S INITIALS WAR

NICHOLAS J. PURCHIA, SPECIAL AGENT, GS-13 ANNUAL PERFORMANCE RATING, MARCH 31, 1960

PART I GENERAL COMMENTS

SA PURCHIA is of average height with a muscular build. He dresses very neatly and has a likable personality. He is very well liked by his fellow employees.

During the rating period, he has been assigned cases involving the investigation of Communist front matters. He has handled these investigations in a most efficient manner. This agent is a hard working agent and a very thorough investigator.

This agent is capable of handling the most complicated investigative matters. He is also capable of participating in raids and dangerous assignments.

RATING: EXCELLENT

LAPA

PART	II SPECIFIC COMMENTS	. •
(1)	Justification for Any Minus Ratings Given	NA
(2)	Experience and Ability as an Inspector's Aide	NA .
(3)	Participation in Informant Program - He has not developed any informants during rating period. He has, nevertheless, been alerted to this matter.	•
(4)	Testifying Experience and Ability - None during rating period	
(5)	Disciplinary Action	NA
(6)	Accounting Information	NA
(7)	Police Instruction	NA
(8)	Sound Training	NA .
(9)	Resident Agents	NA.
(10)	Foreign Language Ability	None
(11)	Administrative Advancement A-Is Agent interested in Administrative Advancement?	No

en e compe



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

Date

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS J. PURCHIA (Type or print plainly)

Dear Sir:

Name

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

		WIFE	3/1/60	
Address 91BLAUV	ELT ST. TEANS	CK, N.J.		
The following pe beneficiary of agents killed		ary under the Chas. S. Ross Fund pre	oviding \$1500 death benefit to	·
Name		Relationship WIFE	3/,/60	b6 b7C
Addres 91 BLAV	VELT ST. TER	ANECK, 14.J.		
3-17-60	3/19	Very truly yours, Micholas Spedial Agent	J. Surchia	

Relationship

Standard	Form 88
4(Rev In	ne 1956)

PU:	T NAME-FIRST NAME-MIDDLE NAME						
4. ном	RCHIA NICHOLAS J				2. GRADE AND COM	PONENT OR POSITION	3. IDENTIFICATION NO.
	HE ADDRESS (Number, street or RFD,	city or tow	n, zone and	State)	5. PURPOSE OF EXA	MINATION	6. DATE OF EXAMINATION
				•		•	
		neck	NJ		ANNUAL		22 June 60
7. sex M	8. RACE	9. TOTA		civilian 132	10. AGENCY FBI	11. ORGANIZATION	UNIT
2. DAT	E_OF BIRTH 13. PLACE OF BIRT	гн			14. NAME, RELATIO	NSHIP, AND ADDRESS OF	NEXT OF KIN
8 A	ug 1913 USA	A					
5. EXAI	MINING FACILITY OR EXAMINER, AND A	DDRESS	USÁD	NYC	16. OTHER INFORMA	ATION	
61-	1224) 90 Church St	NY :	7 NY				
	ING OR SPECIALTY				TIME IN THIS CAPACI	TY (Total)	LAST SIX HONTHS
	•		w.r.			`	
	CLINICAL EVALUATION		1 7	NOTES. (Describe ever	y abnormality in c	letail Enter pertine	ent item number before en
OR-		te col-	ABNOR-	comment. Co	ntinue in item 73	and use additional	ent item number before ea sheets if necessary.)
IAL	(Check each item in appropriation) umn; enter "NE" if not evaluation	ıated.)	MAL				•
X !	18. HEAD, FACE, NECK, AND SCALP						
X _'	19. NOSE						•
\mathbf{x}	20. SINUSES						
	21, MOUTH AND THROAT			x C , 4			
x	22. EARS—GENERAL (Int. & ext. canals) (uditory	2	A = A = A = A = A = A = A	ar exercision of the same	3 4 - 44 AS	* •
	23. DRUMS (Perforation)	J. 127	7	*	•		
	24. EYES—GENERAL (Visual acuity and re	fraction					
		1 67)					
X 	25. OPHTHALMOSCOPIC						
	26. PUPILS (Equality and reaction)						`
X :	27. OCULAR MOTILITY (Associated paralle ments, nystagmus)	l move-		`			
X	28. LUNGS AND CHEST (Include breast	8)					
X i	29. HEART (Thrust, size, rhythm, soun	ds)					
	30. VASCULAR SYSTEM (Varicosities, e	tc.)					
			TV 1/2	1 No nolhah	10 maggage :	no tendernes	e elicited
	31. ABDOMEN AND VISCERA (Include h		X ∦3	it. No datbab.	LE MASSES: I	to rendernes	
	32. ANUS AND RECTUM (Hemorrhoids, fis	tulae) :ated)	∦3	2. Prostate	slightly hyp	pertrophied,	asymptomatic.
_	33. ENDOCRINE SYSTEM	tulae) cated)		2. Prostate	slightly hyp	pertrophied,	
X		tulae) rated)		2. Prostate s	slightly hyp tum negative	pertrophied, e to digital	asymptomatic. examination.
X X	33. ENDOCRINE SYSTEM			2. Prostate s	slightly hyp tum negative	pertrophied,	asymptomatic. examination.
X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range motion)			2. Prostate s Lower reci External l	slightly hyptum negative nemorrhoids	pertrophied, e to digital , asymptomat	asymptomatic. examination.
X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range) 36. FEET	00/2/3		2. Prostate s Lower reci External l	slightly hyp tum negative	pertrophied, e to digital , asymptomat	asymptomatic. examination.
X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range motion)	00/2/3	<u>x</u> #3	Lower recipions External 1	slightly hyptum negative nemorrhoids s 20 asymp	pertrophied, e to digital, asymptomat	asymptomatic. examination.
X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range) 36. FEET	00/2/3	<u>x</u> #3	Lower recipions External 1	slightly hyptum negative nemorrhoids s 20 asymp	pertrophied, e to digital, asymptomat	asymptomatic. examination.
X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range motion) 36. FEET 37. LOWER EXTREMITIES (Except feet) (Strength, range	of motion)	<u>x</u> #3	Lower recipions External 1	slightly hyptum negative nemorrhoids s 20 asymp	pertrophied, e to digital , asymptomat	asymptomatic. examination.
X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range motion) 36. FEET 37. LOWER EXTREMITIES (Except feet) 38. SPINE, OTHER MUSCULOSKELETAL	of motion)	<u>x</u> #3	Lower recipions External 1	slightly hyptum negative nemorrhoids s 20 asymp	pertrophied, e to digital, asymptomat tomatic.	asymptomatic. examination. ic.
X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range) 36. FEET 37. LOWER EXTREMITIES (Strength, range) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, 1 40. SKIN LYMPHATICS	of motion)	<u>x</u> #3	Lower recipions External 1	slightly hyptum negative nemorrhoids s 20 asymp	pertrophied, e to digital , asymptomat tomatic. 4/3 747	asymptomatic. examination. ic. - 21 nbered
X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range) 36. FEET 37. LOWER EXTREMITIES (Strength, range) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, 1 40. SKIN LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under	of motion) IATTOOS	<u>x</u> #3	2. Prostate s Lower reci External l	slightly hyptum negative nemorrhoids s 20 asymp	pertrophied, e to digital, asymptomat tomatic.	asymptomatic. examination. ic. - 21 nbered
X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range motion) 36. FEET 37. LOWER EXTREMITIES (Strength, range Strength, range Strengt	of motion) TATTOOS (tem 72) deviation)	<u>x</u> #3	Lower recipions External 1	slightly hyptum negative nemorrhoids s 20 asymp	pertrophied, e to digital , asymptomat tomatic. 4/3 747	asymptomatic. examination. ic. - 21 nbered
X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range motion) 36. FEET 37. LOWER EXTREMITIES (Except feet) (Strength, range strength,	of motion) IATTOOS (tem 72) deviation) o done)	<u>x</u> #3	Lower recipions External 1	slightly hyptum negative nemorrhoids s 2° asymptone Search	pertrophied, e to digital, asymptomat tomatic. 4//3 797 ChedNur	asymptomatic. examination. ic. - 21 nbered
X X X X X X X X X X X X X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range motion) 36. FEET 37. LOWER EXTREMITIES (Except feet) (Strength, range strength,	of motion) IATTOOS (tem 72) deviation) o done) RECTAL	X #3	Lower recommendate services Lower recommendate services Losure Lo	slightly hyptum negative nemorrhoids 2 asympton Searce (Conti	pertrophied, e to digital , asymptomat tomatic. 4/3 797 chedNur 9 JUL 2	asymptomatic. examination. ic. - 91 nbered
X X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range motion) 36. FEET 37. LOWER EXTREMITIES (Strength, range Strength, range Strengt	of motion) IATTOOS (tem 72) deviation) o done) RECTAL or below n	X #3	Lower recommendation in the Lower recommendation in the Lower recommendation in the Lower teeth, respective per and lower teeth, respective	slightly hyptum negative nemorrhoids 2 asympton Search (Continue)	pertrophied, e to digital , asymptomat tomatic. 4/3 797 ched Nur 9 JUL 2	asymptomatic. examination. ic. - 21 nbered
X X X X X X X X X X X X X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range motion) 36. FEET 37. LOWER EXTREMITIES (Strength, range Strength, range Strengt	of motion) IATTOOS item 72) deviation) o done) RECTAL or below n X-	X #3	Lower recommendation External I I External I I I I I I I I I I I I I I I I I I I	slightly hyptum negative nemorrhoids s 2 asympton Search	pertrophied, e to digital , asymptomat tomatic. 4//3 797 ched Nur S JUL 2 nue in item 188 A rackets to REVIGIS A	asymptomatic. examination. ic. - 91 nbered
X X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range motion) 36. FEET 37. LOWER EXTREMITIES (Strength, range Strength, range Strengt	of motion) IATTOOS item 72) deviation) o done) RECTAL or below n X-	X #3	Lower recommendation External I I External I I I I I I I I I I I I I I I I I I I	slightly hyptum negative nemorrhoids 2 asympton Search (Continue)	pertrophied, e to digital , asymptomat tomatic. 4/3 797 Ched Nur S JUL 2	asymptomatic. examination. ic. - 91 mbered
X X X X X X X X X X X X X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range motion) 36. FEET 37. LOWER EXTREMITIES (Strength, range Strength, range Strengt	of motion) IATTOOS item 72) deviation) deviation) c done) RECTAL or below n X- XXX-	X #3	Lower recommendation External I External I I Go. Pes planus per and lower teeth, respective eth godentures	slightly hyptum negative nemorrhoids 2 asympto Search Sea	pertrophied, e to digital asymptomat tomatic. 4//3 797 ched Nur Sure JUL 2 nue in items of perfects Ar ments OCCL	asymptomatic. examination. ic. - 21 nbered
X X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range) 36. FEET 37. LOWER EXTREMITIES (Strength, range) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, 10 40. SKIN LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under) 42. PSYCHIATRIC (Specify any personality) 43. PELVIC (Females only) (Check houndly) VAGINAL [NITAL (Place appropriate symbols above) Restorable teeth Vonrestorable teeth	of motion) IATTOOS item 72) deviation) deviation) Cone) RECTAL Or below n X- XXX- 6 7	wmber of up -Missing te -Replaced b	Lower recommendation in the second section in the second second section in the section in the second section in the section in the second section in the section in th	Slightly hyptum negative nemorrhoids Search (Continuous) (X S) - Fixed bridge, be include abut	pertrophied, e to digital asymptomat tomatic. 4/3 797 Ched Nur S JUL 2 Inue in item 188 Perfects Al ments OCCL 16 E	asymptomatic. examination. ic. - 91 nbered
X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range motion) 36. FEET 37. LOWER EXTREMITIES (Strength, range Strength, range Strengt	of motion) IATTOOS item 72) deviation) deviation) c done) RECTAL or below n X- XXX-	X #3	Lower recommendation in the second se	slightly hyptum negative nemorrhoids 2 asympto Search Sea	pertrophied, e to digital asymptomat tomatic. 4//3 797 ched Nur Sure JUL 2 nue in items of perfects Ar ments OCCL	asymptomatic. examination. ic. - 91 nbered
X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range) 36. FEET 37. LOWER EXTREMITIES (Strength, range) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, 10 40. SKIN LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under) 42. PSYCHIATRIC (Specify any personality) 43. PELVIC (Females only) (Check houndly) VAGINAL [NITAL (Place appropriate symbols above) Restorable teeth Vonrestorable teeth	of motion) IATTOOS item 72) deviation) deviation) Cone) RECTAL Or below n X- XXX- 6 7	wmber of up -Missing te -Replaced b	External I Go. Pes planus per and lower teeth, respective eth y dentures 10 11 12 4 23 22 21 (Slightly hyptum negative nemorrhoids Search (Continuous) (X8)—Fixed bridge, brinchude abut X 14 15 20 18 18	pertrophied, e to digital asymptomat tomatic. 4/3 797 Ched Nur S JUL 2 Inue in item 188 Perfects Al ments OCCL 16 E	asymptomatic. examination. ic. - 91 nbered
X X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range) 36. FEET 37. LOWER EXTREMITIES (Strength, range) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, 10 40. SKIN LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under) 42. PSYCHIATRIC (Specify any personality) 43. PELVIC (Females only) (Check houndly) VAGINAL [NITAL (Place appropriate symbols above) Restorable teeth Vonrestorable teeth	of motion) IATTOOS item 72) deviation) deviation) Cone) RECTAL Or below n X- XXX- 6 7	wmber of up -Missing te -Replaced b	External I External I 66. Pes planus per and lower teeth, respective eth y dentures 10 11 12 4 23 22 21 (Slightly hyptum negative nemorrhoids Search (Continuous) (X8)—Fixed bridge, brinchude abut X 14 15 20 18 18	pertrophied, e to digital asymptomat tomatic. 4/3 797 Ched Nur S JUL 2 Inue in item 188 Perfects Al ments OCCL 16 E	asymptomatic. examination. ic. - 91 nbered
X X X X X X X X X X X X X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range) 36. FEET 37. LOWER EXTREMITIES (Strength, range) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, 10 40. SKIN LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under) 42. PSYCHIATRIC (Specify any personality) 43. PELVIC (Females only) (Check houndly) VAGINAL [NITAL (Place appropriate symbols above) Restorable teeth Vonrestorable teeth	iden 72) deviation) of done) RECTAL or below n X- XXX- 6 7 27 26	wmber of up -Missing te -Replaced b	External I External I 66. Pes planus per and lower teeth, respective the y dentures 9 10 11 12 4 23 22 21 (Slightly hyptum negative nemorrhoids 2 asympto Search (Continue abut 18 18 18 18 18 18 18 18 18 18 18 18 18	pertrophied, e to digital asymptomat tomatic. 4/3 797 Ched Nur S JUL 2 Inue in item 188 Perfects Al ments OCCL 16 E	asymptomatic. examination. ic. - 21 mbered
X X X X X X X X X X X X X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range) 36. FEET 37. LOWER EXTREMITIES (Strength, range) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, 10 40. SKIN LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under) 42. PSYCHIATRIC (Specify any personality) 43. PELVIC (Females only) (Check how was appropriate symbols above) Restorable teeth Vonrestorable teeth 41. (2 3 4 5) 32. (31 30 29) 28 2	rattoos item 72) deviation) rectal or below n X- XXX 6 7 27 26	wmber of up -Missing te -Replaced b	Lower recommendation in the second se	Slightly hyptum negative nemorrhoids 2 asympto Search (Continue abut 18 18 18 18 18 18 18 18 18 18 18 18 18	pertrophied, e to digital asymptomat tomatic. 4/3 797 ched Nur DEFECTS AN prackets to ments OCCL 16 E 17 F CLAS	asymptomatic. examination. ic. - 21 mbered
X X X X X X X X X X X X X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range and range) 36. FEET 37. LOWER EXTREMITIES (Strength, range) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, and	rattoos item 72) deviation) rectal or below n X- XXX 6 7 27 26	wmber of up Missing te Replaced b 25 25	Lower recommendation in the second se	Slightly hyptum negative nemorrhoids 2 asympto Search Sea	pertrophied, e to digital asymptomat tomatic. 4/3 797 Ched Nur S JUL 2 Inue in item 18 OCCL Trackets to ments OCCL 16 E 17 F CLAS Place, date, film number	asymptomatic. examination. ic. - 21 mbered
X X X X X X X X X X X X X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range) 36. FEET 37. LOWER EXTREMITIES (Strength, range) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, 10 40. SKIN LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under) 42. PSYCHIATRIC (Specify any personality) 43. PELVIC (Females only) (Check houndly) (Check houndly) INTAL (Place appropriate symbols above) Restorable teeth Vonrestorable teeth X1 (2 X X 5) 32 (31 30 29) 28 2 INALYSIS: A. SPECIFIC GRAVITY 1.01 UMIN Neg AR Neg	of motion) IATTOOS item 72) deviation) o done) RECTAL or below n X- XXX 6 7 27 D. MIC	wmber of up Missing te Replaced b 8 25 2 ROSCOPIC Neg	External I External I 66. Pes planus per and lower teeth, respective eth y dentures 9 10 11 12 4 23 22 21 (LABORATORY, FINE	Slightly hyptum negative nemorrhoids 2 asympto Search Sea	pertrophied, e to digital asymptomat tomatic. 4/3 797 ched Nur DEFECTS AN prackets to ments OCCL 16 E 17 F CLAS	asymptomatic. examination. ic. - 21 mbered
X X X X X X X X X X X X X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range motion) 36. FEET 37. LOWER EXTREMITIES (Strength, range Strength, range Strengt	of motion TATTOOS item 72 deviation of motion X	wmber of up -Missing te -Replaced b	Der and lower teeth, respective the y dentures 149. BLOOD TYPE AND RH FACTOR	Slightly hyptum negative nemorrhoids 2 asympto Search (Continue abut 15 as 1	pertrophied, e to digital asymptomat tomatic. 4/3 797 Ched Nur S JUL 2 Inue in item 18 OCCL Trackets to ments OCCL 16 E 17 F CLAS Place, date, film number	asymptomatic. examination. ic. - 21 mbered
X X X X X X X X X X X X X X X X X X X	33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range) 36. FEET 37. LOWER EXTREMITIES (Strength, range) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, 10 40. SKIN LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under) 42. PSYCHIATRIC (Specify any personality) 43. PELVIC (Females only) (Check houndly) (Check houndly) INTAL (Place appropriate symbols above) Restorable teeth Vonrestorable teeth X1 (2 X X 5) 32 (31 30 29) 28 2 INALYSIS: A. SPECIFIC GRAVITY 1.01 UMIN Neg AR Neg	of motion) IATTOOS (tiem 72) deviation) RECTAL Or below n X- XXX 6 7 27 26 D. MIC 48. EK	wmber of up Missing te Replaced b 8 25 2 ROSCOPIC Neg	Der and lower teeth, respective eth y dentures LABORATORY, FINE	Slightly hyptum negative nemorrhoids 2 asympto Search Sea	pertrophied, e to digital asymptomat tomatic. 4/3 797 Ched Nur S JUL 2 Inue in item 18 OCCL Trackets to ments OCCL 16 E 17 F CLAS Place, date, film number	asymptomatic. examination. ic. - 21 mbered

	7								
a	MEASUREMEN'	IS AND OTHER FINDINGS							
	COLOR HAIR 54. COLOR EY	56. TEMPERATURE							
160	Brown Brown		EDIUM X HEAVY	OBESE 98.6					
57. BLOOD PRESSURE (Arm at hear	. pr. pr.	· ·	ULSE (Arm at heart level)						
A. SYS. 130 B. SYS.	C. SYS.	B. AFTER EXERCIS	E C. 2 MINI AFTER D. I	RECUMBENT E. AFTER STANDING 3 MIN.					
SITTING DIAS. 80 BENT DIAS.	(3 min.) DIAS.	80 92	80						
59. DISTANT VISION	60. JUL 22 4 REZ	Pach 160	61.	NEAR VISION					
RIGHT 20/ 20 CORR. TO 20/	BY S.	ox	J1 CORR. TO	вү					
LEFT 20/ 20 CORR. TO 20/	BY S.	ox	J1 CORR. TO	ву					
62. HETEROPHORIA (Specify distance)			γ	•					
ESO EXO R. H. L. H. PRISM DIV. PRISM CONV. PD CT									
63. ACCOMMODATION	64. COLOR VISION (Test used	and result) 65. 1	PEPTH PERCEPTION Test used and score)	UNCORRECTED					
RIGHT LEFT	ISHIHARA NEG	· ·	v x	CORRECTED					
66. FIELD OF VISION	67. NIGHT VISION (Test used	and score) 68. 1	RED LENS TEST	69. INTRAOCULAR TENSION					
•		• ' ' .	ب حم ر ہو	<u> </u>					
70. HEARING	71.	AUDIOMETER	72. PSYCHOLOGIC	AL AND PSYCHOMOTOR and score)					
1r 1r	250 500 1000	2000 3000 4000, 6000	1 18 2 1 N 19 19 19 19 19 19 19 19 19 19 19 19 19						
RIGHT WV 15 /15 SV 15 /15	250 500 1000 256 512 1024	2000 3000 4000 6000 2048 2896 4096 6144	8000 8192						
15	RIGHT	1		t 8.					
LEFT WV 15 /15 SV 15 /15	LEFT	A STATE OF	E. 1. X 1. 18 18 18 18 18 18 18 18 18 18 18 18 18	A TONGS ME THE THE SOME WAS A SOME OF THE					
73. NOTES (Continued) AND SIGNIFICANT OR INTER	VAL HISTORY	r		*					
1 0 . 1.	10/0	"· • • • • • • • • • • • • • • • • • • •	* ? •						
	ce in 1942 - no s								
	is 1956 - is on a	•		•					
3. Myopia - corr	rected with glass	ses	* ** ** * ** *						
	• • •	a manageries) profit	, * * * * * * *)						
	**\ * '		5 N 5 N 7 N 1	or					
			•						
				*					
		,		*					
				•					
	(IIso ndditi	mal sheets if necessary)							
74. SUMMARY OF DEFECTS AND DIAGNOSES (List de	•	The second of th							

Complains of symptoms of diverticulitis with onset in 1956. However, it is kept under control by diet.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)		76.	А	. PHYSIC	AL PROFILI	E	
*		Р	U	L	н	E	s
					ļi		
77. EXAMINEE (Check) A. LIS QUALIFIED FOR B. LIS NOT QUALIFIED FOR			В.	PHYSICA	L CATEGOR	tΥ	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		А		В	С	-	E
79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE						
. ^							
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE						
The many of the second of	£ 1 × 1						
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) A FALUSSY MD	SIGNATURE	Hah	, 1,				
82- TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE	6 1	0 7			ER OF A	

*U. S. GOVERNMENT PRINTING OFFICE: 1957 C#492298

Standard Form 89 (Rev. Aug. 1950) PROMULOATED BY BUREAU OF THE BUDGET CIRCULADA-24

REPORT OF MEDICAL HISTORY
THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

		NAME-	-FIRST NA	ME-MIDDI	E NAME		-				\neg	2. GRADI	E AND C	OMPONE	NT OR POSIT	ION_	3.	IDENTIFICATION NO.
	7	IRC	HIL	9. N	CHE	24	6	on, zone and Sta										
4.	ном	ADDRE	SS (Nun	ber, street	or RFD,	city	or to	on, zone and Star	e)			5. PURPO	SE OF	EXAMINA	TION		6.	DATE OF EXAMINATION
1	B	WA	UV	ELT	ST	ZĒ	6	TEAL	YECK. 1	y.,	J	AI	MA	UK	3 L		1	6/22/Ge
• :	SEX	8	. RACE		9. TO	TAL	YRS.	GOVT. SERVICE	10. DEPARTMENT.	AGE	NCY,				11. ORGANI	ZATH	דואט אכ	
_	4	L	W		یا ا	3		CIVILIAN _	厂厂81									the state of the s
		OF BIR		13. PLACE		- 			14. NAME, RELATIO	ONSI	HIP.	AND ADDR	RESS OF	NEXT O	F KIN			
ž	-	<u> 28</u>	-13	OR EXAMINE	15	7	-		CP							-5		
								421		16.		ier infor						
2	7	MR	MY	- 90	CH	uk	C	1 57.	NYC ow by description of									
					, යා]		•		a og accorption og			y, 9 co.	nipra					
. 1	FAMII	Y HIST	ORY									Т			OOD RELATK	ж (2	Parent, broth	er, sister, other)
F	RELAT	ION	AGE	STAT	E OF HEAT	LTH		IF DEAD,	CAUSE OF DEATH			EATH	YES	NO		eac	h item)	RELATION(S)
Αī	HER		80	FA	IR					7				-	HAD TUBER	CULC	SIS	
10	THER		69	FF	, R					\neg					HAD SYPHII	LIS		
PC	USE		42	Go						T			2		HAD DIABET	ES		FATHER
			45	600	D									· ·	HAD CANCE	R		
RC	THE	RS 💆	49	600	3 2									·	HAD KIDNE	Y TR	OUBLE	
	AND													•	HAD HEART	TRO	UBLE	
S	STER	s											/		HAD STOMA	сн т	ROUBLE	FATHER
				=										L			M (Arthritis	FATHER
HI	LDRE	N	13	Go	SD								اسب		HAD ASTHI HIVES	dΑ.	HAY FEVER.	FATHER
			10	60	00									~	HAD EPILEP	PILEPSY (Fits)		
_					*79***			<u> </u>						2	COMMITTED	SUI	CIDE	
									· · · · · · · · · · · · · · · · · · ·						BEEN INSAN	Ε		
٠. ا	HAVE	YOU EV	ER HAD	R HAVE YO	I) WOW U	Place	chec	k at left of each it	em)		,							
S	ИО			each iten		YES	NO	(Check	ach item)	YES	NO	(Check	each i	tem)	YES	NO (Check each item)
_	3			. ERYSIPELA	is .	<u> </u>		GOITER		L	1	<u></u>		TH, CYST	CANCER	_	6	" OR LOCKED KNEE
_	2	DIPHT				ļ	"	TUBERCULOSIS			_	RUPTUR				<u> </u>		ROUBLE
_	"		MATIC FE			<u> </u>	1	SOAKING SWEATS (Night sweats)	 	<u> </u>	-	APPEND				<u> </u>	TEURITIS PARALYSIS (Inc. infantile)	
_	4			INFUL JOIN	TS	<u> </u>	1	ASTHMA	`•	<u> </u> _	-	PILES O				<u> </u>		
_		MUMP				<u> </u>		SHORTNESS OF E		_	1	FREQUENT OR PAINFUL URINAT				EPILEPSY OR FITS		
			PING COU	<u> </u>		<u> </u>		PAIN OR PRESSU	RE IN CHEST	<u> </u>		KIDNEY STONE OR BLOOD IN URINE			<u> </u>	CAR, TRAIN, SEA, OR AIR SICKNESS		
	سمع			EVERE HEAI		-	-	CHRONIC COUGH		<u> </u>	 	SUGAR OR ALBUMIN IN URINE			FREQUENT TROUBLE SLEEPING			
_	-	**		AINTING SPI	LLS	 	<u> </u>	_	POUNDING HEART	BOILS				······································	_		NT OR TERRIFYING NIGHTMARES	
			ROUBLE	"IDO1" == =	UDI C	-		HIGH OR LOW B			<u> </u>	VENERE				├-		SSION OR EXCESSIVE WORRY
				HROAT TRO	ORFE	-		CRAMPS IN YOU		<u> </u>	200	_			OF WEIGHT	┡		F MEMORY OR AMNESIA
	1		NG EARS	FOURNT CO	ne .	-		FREQUENT INDIG		<u> </u>	├	ARTHRI				⊢	BED WI	
-				OR GUM TR		1:		<	INTESTINAL TROUBLE	\vdash	1	3		K OTHER	DEFORMITY	-	-	US TROUBLE OF ANY SORT
_	h	SINUSI		OR GUM IN	OUBLE	1			UBLE OR GALL STONES		ļ.	LAMENE		FO FINO	ED OD TOE	┢		RUG OR NARCOTIC HABIT
		HAY FI				-	1	ANY REACTION TO S	ERUM, DRUG OR		1	and a second			ER, OR TOE	-	120	SEXUAL TENDENCIES
_		-				<u> </u>		MEDICINE	 	-					DER OR ELBOW	٠	 	
-	IAVE			eck each .	item)	1	T . 1			4.	_	MALES ON			J EVER—	Т.		HE FOLLOWING:
_	ابرا		GLASSES AN ARTI	FICIAL EYE		┢	2	ATTEMPTED SUICE		-	-	BEEN PF		L DISCHA	DCE	├-		ONSET OF MENSTRUATION VAL BETWEEN PERIODS
	1	<u>, </u>	HEARING			├-	L	LIVED WITH ANYON TUBERCULOSIS		-	-					╁	·	ION OF PERIODS
	1			STAMMER	·n	┝		TUBERCULOSIS COUGHED UP BLO		 	-	 			LE DISORDER	├-		F LAST PERIOD
_		<i></i>		OR BACK			-	BLED EXCESSIVELY TOOTH EXTRACTION		-	-	 		MENSTRU		017		NORMAL EXCESSIVE SCANT
_	10w	MANY 6	ODS HAVE	VOIL HAD I	N THE	24	WH.	AT IS THE LONGES		25	l W	'			RUATION PATION?	ا با		U (Check one)
٠;	AST	THREE	YEARS1	. TOO TAD I		3.50	ZHEL	DANY:OF THESE,	FINCL	6		TIL	L. 1	DÆ E	-IV-		RIGHT	<u> </u>
•	4																	

VEC.		CHECK FACH ITEM YES OR NO. F	/ERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
YES	МО		A 1
	2	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	Want uslame fauncie =
	Bire.	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	Had yellow faunches World
	La Carrier	B. INABILITY TO PERFORM CERTAIN MOTIONS	Ctole Cerusa claraine Wood
		C. INABILITY TO ASSUME CERTAIN POSITIONS D. OTHER MEDICAL REASONS (If yes, give reasons)	
	سيا		War I - ha house
	سسا	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	to Of - blastitates
	V	729. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (It yes, give details)	Have diverticulation - Hospitalizary 1956, methodish Hapital, Myc - Pr. Peter Fire Brookelyn, Myc - Pr. Peter Fire Brookelyn, Myc - no Sura (1897)
	-	80. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	may 1956, methodist Fire Fire
	سسا	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	Proofelyn Myc - Waller
	سسما	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	1800telyn, 11
	v	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	~	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
***		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS! (If yes, give complete address of doctor, hospital, clinic, and details)	
	سا	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	L	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
	-	38, HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	٠	39-HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	
1 41	ITHADITE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUP E ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTION MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	PLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
Ni	0 U 1	TED NAME OF EXAMINEE OLAS J. PUR CHIA	Nicholas & Burchie
40. PHY	SICIAN'S	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 50)
7		•	3 2 4

PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru st)

Level yaundlie in 1942 - we supplied

Direction 1976 - in an diet

Myspera - corrected with glasses.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

JACK TENDLER LT COL MC

22 Just 61

SIGNATURE

4 Tunder

NUMBER OF ATTACHED

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

	URCHIA		VICHOL	a e
Name of Examinee(Type or print)		ast (First	Middle
				•
The following portions of	f the attached ex	amination re	port form need	not be completed:
	2		62	•
	3		65	
	- 4		67	V
	9		68	
	11		69	الم المراجع ال
-	· 14		72 76	
, , ,		, 4	4	
46. Is necessary unless	facilities for af	fording same	are not readily	available.
48. Not required unless	examinee is ove	r 35 vears of	age or examin	ntion indicates such is
desirable.		,	g	**************************************
		f	*	
49. Is necessary unless	facilities for aff	fording same	are not readily	available.
71. Audiometer examina	tions should be	afforded whe	never possible.	
				,
1 () () () () () () () () () (,	~ · · · · · · · · · · · · · · · · · · ·
For All Examinees, Whe	ther Clerical or S	pecial Agent	Applicants or	Employees:
	. /			' w
The medical examiner should	dnswer the followin	g question:	-	· · · · · · · · · · · · · · · · · · ·
Examinee Lis	is not qual	ified for stre	nuous physical	exertion.
16.	•			
To be Answered in the (Case of All Male	Employees a	nd Male Applic	ants:
1. Does examinee have tactios and dangerou				
☑No ☐Yes	If "yes" pleαse	anacify dafe	rete	,
162	ii yes piedse	specify dete	Cts	À
				4 · r
2. Does examine have	any defects proh	ibiting safe (operation of ma	tor vehicles?
	•			
☑ No ☐ Yes	If "yes" please	specify defe	cts.	•
	* *	* .		****
If examinee has defe	ctive vision, sho	Ų ¹	, , , ,	ses while operating a moto
	Not Applic	able s	MULIOSTITI	المارين المارين

Desirable Weight Ranges for Males

Hainha	T 6 11 5								
Height	Small Frame	Medium Frame	Large Frame						
5′ 4″	117 - 125	123 - 135	131 - 148						
5'5"	120 - 129	126 - 139	134 - 152						
5'6"	124 - 133	130 - 143	138 - 157						
5' 7"	128 - 137	134 - 148	143 - 162						
5'8"	132 - 141	138 - 152	147 - 166						
5' 9"	136 - 146	142 - 156	151 - 170						
5' 10"	140 - 150	146 - 161	155 - 175						
5' 11"	144 - 154	150 - 166	160 - 180						
6'	148 - 158	154 - 171	164 - 185						
6'1"	152 - 163	158 - 176	, 169 - 190						
6' 2"	156 - 167	163 - 181	174 - 195						
6' 3"	160 - 171	168 - 186	178 - 200						
6' 4"	169 - 180	178 - 196	188 - 210						
6' 5"	174 - 185	182 - 202	192 - 216						

3.	Examinee's frame is small medium	☑ large
4.	Considering above weight table, the examinee's fram I consider his present weight Satisfactory	e, and other individual physical characteristics Excessive Deficient
5.	Under proper medical supervision, examinee should	losepounds
		gainpounds
Re	marks:	

(Signature of Medical Examiner)

(Date)

4 K 4



FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE REPORT OF PERFORMANCE RATING

b6 b7c

Name of Employee:	NICHOLAS J.		#10510	
Where Assigned:	NEW YORK		INTERNAL SEC	CURITY
3	(Division)		(Section, U	Jnit)
Official Position Title	SPECIAL AGEN	IT, GS-1	.3	- No. 11., 104 · · · ·
Rating Period: from _	4/1/60	* **	to3/31/61	
•		, e ²		
			The state of the s	
ADJECTIVE RATING:_	EX	CELLENT		Employee Initials
	Outstanding,	Excellent, S	atisfactory, Unsatisfactory	NA
Rated by: Warun	manhes	oult	SUPERVISOR	3/31/61
WARREN MARCHE	SSAULT Signature	' '	SPECIAL AGENT	Date 3/31/61
Reviewed by FOSTER	Signature	m	Title	Ďate
Rating Approved by	Della Signature	Rein	Assistant Dire	ect <u>or APR 5</u>
		<u>.</u>		
•	TYI (X) Official (X) Annual	PE OF REF	671- 4/3 () Administrative () 60-Day	797 93 Numb 1881

NARRATIVE COMMENTS

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a

Town of the second second

Land Jan Barrell

PERFORMANCE RATING GUILE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIA	Title SPECIAL AGENT, GS-13
	Rating Period: from 4/1/60 to 3/31/61
RATING GUIDE AN	
Note: Only those items having pertinent bearing on employee's performance Rate items as follows:	should be rated. All employees in same salary grade should be compared.
Outstanding (exceeding excellent and deserving of special commendation	n).
E Excellent. Satisfactory (good or very good).	
Unsatisfactory.	
O No opportunity to appraise performance during rating period.	
Guide for determining adjective rating: 1. "Outstanding" adjective rating requires (A) that all rated elements be "+" and ((D) that each and every rated element he factually justified by parrative detail on
reverse of Form FD-185. 2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upor mechanical formulas; however, for an employee to be rated "Excellent" he must guide and check-list and must be rated "Excellent" or "Outstanding" on the madjective rating is reasonable in the light of elements rated. A. Any element rated "Unsatisfactory" must be supported by narrative commen B. An "official" adjective rating of "Unsatisfactory" must comply with the requi	n the composite result of evaluating all rated elements rather than following any that not be rated unsatisfactory on any performance evaluation factors on the rating rajority of such rating factors. Good judgment must be exercised to insure that ints.
(1) Personal appearance.	(17) Firearms ability.
(2) Personality and effectiveness of his personal contacts.	(17) Prearms ability. (18) Development of informants and sources of information.
(3) Attitude (including dependability, cooperativeness, loyalty,	(19) Reporting ability:
enthusiasm, amenability and willingness to equitably share work load).	(a) Investigative reports
(4) Physical fitness (including health, energy, stamina).	
	(Consider: + conciseness; + clarity; + organization;
(6) Forcefulness and aggressiveness as required.	#thoroughness; #accuracy; #adequacy and perti-
(7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.	nency of leads; 🛨 administrative detail.)
(8) Initiative and the taking of appropriate action on own	(20) Performance as a witness.
responsibility.	(21) Executive ability: (a) Leadership
	(b) Ability to handle personnel
+ (10) Accuracy and attention to pertinent detail. + (11) Industry, including energetic, consistent application to duties.	(c) Planning (d) Making decisions
(12) Productivity, including amount of acceptable work produced	(e) Assignment of work
and rate of progress on or completion of assignments. Also	(f) Training subordinates
consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.	g) Devising procedures h) Emotional stability
(13) Knowledge of duties, instructions, rules and regulations, in-	(i) Promoting high morale
cluding readiness of comprehension and "know how" of	(j) Getting results
application.	(22) Ability on raids and dangerous assignments: (a) As leader
(14) Technical or mechanical skills.	(b) As participant
(15) Investigative ability and results:(a) Internal security cases	(23) Organizational interest, such as making of suggestions for
(b) Criminal or general investigative cases	improvement. + (24) Ability to work under pressure.
(c) Fugitive cases	(25) Miscellaneous. Specify and rate:
O_ (d) Applicant cases	Dictation ability
(e) Accounting cases (16) Physical surveillance ability.	
· · · · · · · · · · · · · · · · · · ·	
A. Specify general nature of assignment during most of rating period (such as tor, etc.): Security	security, criminal, applicant squad, or as Resident Agent, supervisor, instruc-
B. Specify employee's most noteworthy special talents (such as investigator, desk	ator
C. (1) Is employee available for general assignment wherever needs of service r. (2) Is employee available for special assignment wherever needs of service re	require Yes (If answer is not "yes," explain in narrative comments.) equire Yes (If answer is not "yes," explain in narrative comments.)
D. 1. Has employee had an abnormal sick leave record during rating period?	No 2. Has employee used more sick leave (including annual leave or LWOP aring such period? No (If answer to either question is "Yes," explain in
E. Is employee qualified to operate a motor vehicle incidental to his official dution of the following: (a) Has physically fit to drive. (c) Past safe driving record OK or has passed But to drive.	valid State or local operator's license for type vehicle he is to use. (b) is
ADJECTIVE RATING: EXCELLENT Outstanding, Excellent, Satisfactory, Unsat	tisfactory EMPLOYEE'S INITIALS

NICHOLAS J. PURCHIA, SPECIAL AGENT, GS-13 ANNUAL PERFORMANCE RATING, MARCH 31, 1961

PART I GENERAL COMMENTS

SA PURCHIA is of average height with an athletic build. He dresses neatly and has a very friendly personality. He is well liked by those with whom he comes in contact.

During the rating period this agent has been assigned cases involving Communist Front Investigations. He has performed his duties in a most efficient manner. This agent is a top flight investigator. He is very enthusiastic and readily assumes responsibility. He uses above average judgment. He is capable of handling the more complicated investigative matters. He is also capable of participating in raids and dangerous assignments.

The Bureau by letter dated October 14, 1960, commended agents of the New York Office for performing so capably in the effective handling of an operation of considerable interest to the Bureau in the security field. SA PURCHIA participated in this assignment.

RATING: EXCELLENT

PART II	SPECIFIC COMMENTS	
	Justification for Any Minus Ratings Given	NA
(2)	Experience and Ability as an Inspector's Aide	NA
(3)	Participation in Informant Program -	
.*	He has not developed any informants during the rating period. However, he has been alert to this matter.	
(4)	Testifying Experience and Ability	
•	None during rating period.	
(5)	Disciplinary Action	None
(6)	Accounting Information	NA
(7)	Police Instruction	NA
(8)	Sound Training	NA
(9)	Resident Agents	NA
(10)	Foreign Language Ability	None
(11)	Administrative Advancement	
	A-Is Agent interested in Administrative Advancement	ment? No

wst

	organizationa		f Just	TICE		.\			2. Payroll peri	od	3. Block N	0,	4. Slip No.
	name (and so	cial security ac	count numbe	r when appropria			sa		6. Grade and s		\$11,4	15	,
					P/	YROLL CH	ANGE DAT	Ά					
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS,			NET PAY
7. Previous * normal			,										
8. New normal					4								
9. Pay this period													
10. Remarks:									11. Appropriatio	n(s)		2. Prepare	3 DY
											1	3. Audited	Бу
				ther step-increas	B	N. d.	11141						
14. Effective date	15. Date la equival	ent rat	d salary e	17. New salary rate	/ 18.	Performance r	aring is saris	factory or D	errer.	Q • ····			1
3/5/61	9/6/8	9 \$11	,155	\$11,41	5			(Signature	or other authe	ntication)			
19. LWOP da during foll Period(s):	ata (Fill in appr lowing periods)	a	16	7-NOI	RU	ORI		(C	heck applicable	box in case s at end of	waiting period.		Initials of Cler
	FORM NO. 112 ed by Comp. Ger 7 6 GAO 800	ı., U. S.	* 75. 57. 4	16 A	MAK (3 1961	Andread Soldy 2	PAYROLL	CHANGE SLI	P - PERSO	NNEL COPY	2/	
					· · · · · · · · · · · · · · · · · · ·	A AN			THE RELEASE		THE VVI	Ž/7	16







UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C.

RE: SA NICHOLAS J. TO

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name		Relationship WIFE	9-7-60 b6
91 BLAUVELT			<u>y.J.</u>
beneficiary of agents killed in the line of	_		
Name Address A		Relationship WIFE	9-7.60
91 BLAUVEL	T STRE	FET; TEANEC) Very truly yours,	K, N.J.
67-NOT LECORDED 8 SEP 28 1960		Micholas Special Agent	J. Burchick

indard Form N CHAPTER 1-5 I			TALTH	LINEFITS I	REGISTR	ATION	: 6	1		CARRIER'S CO	DALKOF 41.)	
6 GAO 100		(Read		back of last pag	e. Use only	typewriter	or ball	pen.)		334		<u>.</u>
	! NAME	(LAST) .	(FIRS)	ī)	(MIDDLE	INITIAL)	2. DATE O	F BIRTH Use numbers)	3. Are you	now manie	a.
ART A	PURCE	I IA	KICHO	CIAS	J.		8 ·	28°	YEAR 13	, NO		
ISTER	4. YOUR MA	ILING ADDRESS	(NUMBER ANI	D STREET)	(CITY AND	ZONE NUM	BÉR)	(STATE)	 -	5. SEX	FIT	\neg
T FILL TXIS	_	lervol				aneck		··	NJ	MALE FEMALE		
T.	 Are you ered by 	covered by, or or enrolling in	is any famny 1, a plan und	member listed b	selow cav- 7 suployees	range.	, X , 12 h	rober pos	to show	yeur annua	, pasic said	7
*		States or Distric		the enrollment of Government em			UNDER \$4,6		_	000 TO- \$9, 99		
		•	YES	ио 🛣			000 TO \$5,					
ART B	1. I clect to	n entall in a hea my share of the	of the earth of the earth	an as shown belo o" ont. (Copy f	w. Laumor the informatio	in requested	below from	m inside co	iver of proc	thure of the p	olan you sele	c#.)
T IF YOU H TO EN-	NAME OF	PLAN					OPTION ()	IGH OR LO	WI EN	ROLLMENT CO	DE NUMBER	71
L 13 A LTH BENEFITS	SAMI	BA· HEALI	H EENE	FIT PLAN			Hi	gh	1	4 4	2	
	2. In space	below l'st all	oligible family	members withou	t exception:	List your w	ife or hush	and first,	then your	unmarried	childran und	37
	ship. I	nclude also any	unmarried ch	rtren, and stepanil ald over 19 who t rtakate for a disa	became disat	oled before	age 19 a	nd who, b	ecause of	the disabilit	y, is incape	b:-
onrollment for self only,	, NAM	IES OF FAMILY ME	MEERS	DATE OF BI (Month, Day,	*1	NAM	S OF FAMI	LY MEMBER	5		OF BIRTH Day, Year)	
wer item 1. prollment for self and	Wife or Husb		· · · · · ·		1		*			Ö	: [6.1
nily, also sweritem 2 Litem 3 if	11030				2			•			. [7
applies.	\vdash											8
	<u> </u>				3		····			·		
,					4	·						9
PÅRT MUST D BE FILLED					3						[10
IF YOU	3. If you a	re a female (en by reason of me	nployee or ann	nuitant)—does th	e family liste	ed above in	clude a hi	usband wi	no is incap	able of self	YES	
ANGE YOUR	1 SUDDOCT	by reason or me	ental or physica			actual to con						
ULLMENT.	is "Yes,	attach a docto	r's certificate.)	at alsolity which	can be expe	ected to con	tinue for n	nore mon	one years	(ii diswei	ИО	븨
PART C .	is "Yes, PLACE AN "	" attach a docto	r's certificate.) TEM 2, WHICHEV	YER APPLIES AND AT	NSWER ITEM 3.					(ir diswer	ИО	븨
PART C.	is "Yes, PLACE AN "> 1. I elect r	" attach a docto " IN ITEM 1 OR I not to enroll in c	r's certificate.) TEM 2, WHICHEV Iny plan	YER APPLIES AND AT	NSWER ITEM 3.	ection is (Pl	ace an "X"	in prope	r box):	· · · · · · · · · · · · · · · · · · ·		
PART C LIN THIS RT IF YOU HINOT TO	is "Yes, PLACE AN "? 1. I elect r under th	" attach a docto " IN ITEM 1 OR F tot to enroll in c ne Health Benefi	r's certificate.) TEM 2, WHICHEV any plan ts Act.	3. The reas	NSWER ITEM 3. on for my ele covered by nt of my husb	ection is (Pla a plan unc	uce an "X" ier the He or parent.	' in prope alth Bene	r box): fits Act thr	rough the er	roll-	1
PART C L IN THIS PT IF YOU H NOT TO ROLL OR IF J WISH TO	is "Yes, PLACE AN "> 1. I elect r under th	" attach a doctor " IN ITEM 1 OR I not to enroll in cone Health Benefi o cancel my pre	r's certificate.) TEM 2, WHICHEV TRY plan ts Act. sent enroll-	3. The reason (a) I am mer (b) I am Ben	NSWER ITEM 3. on for my ele covered by nt of my husb n covered by nefits Act.	ection is (Pla a plan und pand, wife, v a health	uce an "X" ier the He or parent.	' in prope alth Bene	r box): fits Act thr	rough the er	ealth	2
PART C L IN THIS LT IF YOU H NOT TO HOLL OR IF J WISH TO HCEL YOUR HOLLMENT.	is "Yes, PLACE AN "? 1. I elect r under tl 2. I elect t ment un	"attach a doctor "IN ITEM 1 OR I not to enroll in c ne Health Benefi o cancel my pre nder the Health 1	r's certificate.) IEM 2, WHICHEV iny plan ts Act. sent enroll- Benefits Act.	3. The reasement (a) I am mer (b) I am Ben (c) Any	NSWER ITEM 3, on for my ele n covered by nt of my husb n covered by nefits Act.	ection is (Plan uncomment a plan uncomment oand, wife, a health	uce an "X" ler the He or purent. insurance	in prope alth Bene plan whi	r box): fits Act thr	rough the er	ealth	1
PART C LIN THIS LIN THIS LIN THIS LIN THE YOU H NOT TO ROLL OR IF U WISH TO ROLL HENT ROLLMENT. PART D	is "Yes, PLACE AN "? 1. I elect r under tl 2. I elect t ment ur	"attach a doctor "IN ITEM 1 OR I not to enroll in c ne Health Benefi o cancel my pre nder the Health 1	r's certificate.) IEM 2, WHICHEV iny plan ts Act. sent enroll- Benefits Act.	3. The rease (a) I am mer (b) I am Ben (c) Any by the enrollment (a) Number	on for my ele n covered by nt of my hush n covered by nefits Act. other reason t number and	ection is (Plan uncount, wife, a health	uce an "X" ier the He or parent. insurance mation in F	in prope alth Bene plan whi Part B.	r box); fits Act thr ch, is not t	rough the er	ealth	2
PART C L IN THIS TO IF YOU H NOT TO ROLL OR IF U WISH TO ROLLMENT. PART D L IN THIS RT IF YOU	is "Yes, PLACE AN "? 1. I elect r under tl 2. I elect t ment ur	" attach a doctor " IN ITEM 1 OR I not to enroll in cone Health Benefi o cancel my pre- nder the Health I nange my enrolli	r's certificate.) IEM 2, WHICHEV iny plan ts Act. sent enroll- Benefits Act.	3. The rease (a) I am mer (b) I am Ben (c) Any by the enrollment (a) Number	nswer item 3. on for my ele n covered by n covered by nefits Act. other reason t number and	ection is (Plan uncount, wife, a health	uce an "X" ier the He or parent. insurance mation in F	in prope alth Bene plan whi Part B.	r box); fits Act thr ch, is not t	rough the er	ealth	2
PART C L IN THIS ET IF YOU SH NOT TO ROLL OR IF U WISH TO HOCEL YOUR ROLLMENT. PART D L IN THIS RT IF YOU SH TO ANGE YOUR	is "Yes, PLACE AN "? 1. I elect r under tl 2. I elect t ment ur	" attach a doctor " IN ITEM 1 OR I not to enroll in cone Health Benefi o cancel my pre- nder the Health I nange my enrolli	r's certificate.) IEM 2, WHICHEV iny plan ts Act. sent enroll- Benefits Act.	3. The rease (a) I am mer (b) I am Ben (c) Any by the enrollment (a) Number	on for my ele n covered by nt of my hush n covered by nefits Act. other reason t number and	ection is (Plan uncount, wife, a health	uce an "X" ier the He or parent. insurance mation in F	in prope alth Bene plan whi Part B.	r box); fits Act the ch, is not to of event v	rough the er under the H	ealth	2
PART C LIN THIS RT IF YOU SH NOT TO ROLL OR IF U WISH TO HCEL YOUR ROLLMENT. PART D LL IN THIS RT IF YOU SH TO ANGE YOUR ROLLMERT. PART E	is "Yes, PLACE AN "? 1. I elect r under tl 2. I elect t ment ur	" attach a doctor " IN ITEM 1 OR I not to enroll in cone Health Benefi o cancel my pre- nder the Health I nange my enrolli	r's certificate.) IEM 2, WHICHEV iny plan ts Act. sent enroll- Benefits Act.	3. The rease (a) I am mer (b) I am Ben (c) Any by the enrollment (a) Number	on for my ele n covered by nt of my hush n covered by nefits Act. other reason t number and	ection is (Plan uncount, wife, a health	ier the He or parent. insurance mation in Finance, per number.	in prope alth Bene plan whi	of event v	vough the er	ealth Carolina Change. YEAR	2 3
PART C L IN THIS TO IF YOU HENOT TO ROLL OR IF U WISH TO ROCL YOUR ROLLMENT. PART D L IN THIS RT IF YOU SH TO ANGE YOUR ROLLMENT. PART E WHO	is "Yes, PLACE AN "? 1. I elect r under tl 2. I elect t ment ur	" attach a doctor " IN ITEM 1 OR I not to enroll in cone Health Benefi o cancel my pre- nder the Health I nange my enrolli	r's certificate.) IEM 2, WHICHEV iny plan ts Act. sent enroll- Benefits Act.	3. The rease (a) I am mer (b) I am Ben (c) Any by the enrollment (a) Number	on for my ele n covered by nt of my hush n covered by nefits Act. other reason t number and	ection is (Plan uncount, wife, a health	mation in fi	rin prope alth Bene plan whi Part B. 3. Date ARNING.	of event v	vhich permits DAY entional fals misrepresar	change. YEAR a statement station relationishable by	2 3 in
PART C IN THIS IT IF YOU H NOT TO OLL OR IF I WISH TO CEL YOUR OLLMENT. PART D L IN THIS IT IF YOU H TO	is "Yes, PLACE AN "? 1. I elect r under tl 2. I elect t ment ur	"attach a doctor "IN ITEM 1 OR I not to enroll in c ne Health Benefi o cancel my pre- inder the Health I nange my enroll ent code number	r's certificate.) TEM 2, WHICHEV any plan ts Act. sent enroll- Benefits Act. ment as shown of present plan	(a) I am mer (b) I am Ben (c) Any by the enrollment (See table	on for my ele n covered by nt of my hush n covered by nefits Act. other reason t number and	ection is (Plan uncount, wife, a health	ier the He or parent. insurance mation in F thange. per number. W this i	in prope alth Bene plan whi Part B. 3. Date ARNING. application eto is a vof not me	of event v MONIH Any lates a or willful collation on the than \$1	which permits DAY entional fals	ealth	in in the control of
PART C L IN THIS TO HOLL OR IF J WISH TO HOLL HENT L WISH TO HOLLMENT PART D L IN THIS TO HOLLMENT HOLLMENT PART E WHO GISTER ST FILL	is "Yes, PLACE AN " 1. I elect r under ti 2. I elect t ment ur 1 elect to cl 1. Enrollm	TYCUR SIGNATUR	r's certificate.) IEM 2, WHICHEV INY plan Its Act. sent enroll- Benefits Act. ment as shown of present plan E—DO NOT PRI	3. The rease (a) I am mer (b) I am Ben (c) Any by the enrollment (See table	on for my ele n covered by nt of my husb n covered by nefits Act. other reason t number and of event while on back of dus	a plan undonand, wife, a health of the information other information for pre-	ier the He or parent. insurance mation in F thange. per number.	in prope alth Bene plan whi Part B. 3. Date ARNING. application eto is a vof not me	of event v MONIH Any interior or willful clation of rethan 5 years, a	which permits DAY Partianal fals misrepresor f the law pt 10,000 or in w both. (1:	change. YEAR Statement tration relationishable by presonment B U.S.C. 100	in in the control of
PART C IN THIS IF YOU H NOT TO OLL OR IF I WISH TO ICEL YOUR OLLMENT. PART D L IN THIS IT IF YOU H TO	is "Yes, PLACE AN " 1. I elect r under ti 2. I elect t ment ur 1 elect to cl 1. Enrollm	"attach a doctor "IN ITEM 1 OR I not to enroll in c ne Health Benefi o cancel my pre- inder the Health I nange my enroll ent code number	r's certificate.) TEM 2, WHICHEV INY plan Its Act. sent enroll- Benefits Act. ment as shown of present plan E-DO NOT PRIN MPLOYING OFFE	(a) I am mer (b) I am Ben (c) Any by the enrollmen (See table	on for my ele n covered by nt of my husb n covered by nefits Act. other reason t number and of event while on back of dus	a plan undonand, wife, a health of the information other information for pre-	mation in finance. Whise there in the received the recei	alth Bene plan whi Part B. 3. Date 3. Date ARNING. application to is a vof not monor than	of event v MONTH Any lates to a willful colation of than \$1 5 years, a D in Office	phich permits DAY entianal fals misrepresar f the law phich permits for the law phich permits for the law phich per both. (1)	change. YEAR Statement tration relationishable by presonment B U.S.C. 100	in in the control of
PART C IN THIS IT IF YOU H NOT TO OLL OR IF I WISH TO ICEL YOUR OLLMENT. PART D L IN THIS IT IF YOU CHISE YOUR ROLLMENT. PART E WHO ISTER ST FILL THIS PART.	is "Yes, PLACE AN " 1. I elect r under ti 2. I elect t ment ur 1 elect to cl 1. Enrollm	TYCUR SIGNATUR	r's certificate.) TEM 2, WHICHEV INY plan Its Act. sent enroll- Benefits Act. ment as shown of present plan E-DO NOT PRIN MPLOYING OFFE	3. The rease (a) I am mer (b) I am Ben (c) Any by the enrollment (See table	on for my ele n covered by nt of my husb n covered by nefits Act. other reason t number and of event while on back of dus	a plan undonand, wife, a health of the information other information for pre-	mation in finance. Whise there in the received the recei	in prope alth Bene plan whi Part B. 3. Date 3. Date ARNING. application eto is a vof not momer than	of event v MONTH Any lates to a willful colation of than \$1 5 years, a D in Office	which permits DAY Partianal fals misrepresor f the law pt 10,000 or in w both. (1:	change. YEAR Statement tration relationishable by presonment B U.S.C. 100	in in the control of
PART C L IN THIS LT IF YOU H NOT TO ROLL OR IF J WISH TO ROLLMENT. PART D L IN THIS RT IF YOU SH TO RHGE YOUR ROLLMENT. PART E WHO GISTER ST FILL THIS PART. PART F BE MPLETED	is "Yes, PLACE AN " 1. I elect r under ti 2. I elect t ment ur 1 elect to cl 1. Enrollm	TYOUR SIGNATURE TO ADDRESS OF E	r's certificate.) TEM 2, WHICHEV INY plan Its Act. sent enroll- Benefits Act. ment as shown of present plan E-DO NOT PRI MPLOYING OFFS	(a) I am mer (b) I am Ben (c) Any by the enrollmen (See table	NSWER ITEM 3. on for my electric covered by the first of my husbin covered by the first other reason to the reason of event white on back of duy. June 3 (DA)	a plan undonand, wife, a health of the information other information for pre-	or an "X" ier the He or parent. insurance mation in F thange. per number. W this is therefine not is	alth Bene plan whi Part B. 3. Date 3. Date ARNING. application to is a vof not monor than	of event v MONIH Any lates a co willful colation of re than \$5 years, \$6\$ D in \$6\$ Direct \$6\$ \$6\$ \$6\$ \$6\$ \$6\$ \$6\$ \$6\$ \$6\$	DAY continual fals misrepresor f the law pt 10,000 or in r both. (1:	a statement tration relationshable by presonment B U.S.C. 100	in in the control of
PART C LIN THIS LT IF YOU H NOT TO OOLL OR IF I WISH TO OOLLMENT. PART D LIN THIS LIN THIS LIN THIS RIF YOU SHIFT ANGE YOUR COLLMENT. PART E WHO INSTER ST FILL THIS PART. PART F BE MPLETED	is "Yes, PLACE AN " 1. I elect r under ti 2. I elect t ment ur 1 elect to cl 1. Enrollm	TYCUR SIGNATUR	r's certificate.) TEM 2, WHICHEV INY plan Its Act. sent enroll- Benefits Act. ment as shown of present plan E-DO NOT PRIN MPLOYING OFFE	(a) I am mer (b) I am Ben (c) Any by the enrollmen (See table	NSWER ITEM 3. on for my electric covered by the first of my husbin covered by the first other reason to the reason of event white on back of duy. June 3 (DA)	a plan undonand, wife, a health of the information other information for pre-	ier the He or parent. insurance mation in Finance. Per number. White there in the not record in the fine not reco	alth Bene plan whi Part B. 3. Date ARNING. application eto is a vof not me nore than	of event v MONIH Any interior willful colorion or ethan \$1 5 years, a D IN DFRICE - (; f) ; A,M ICE NO.	DAY continual fals misrepresor f the law pt 10,000 or in r both. (1:	ealth Pearling of the proposed	in in the control of
PART C L IN THIS TO IT IF YOU H NOT TO ROLL OR IF U WISH TO ROLLMENT. PART D L IN THIS RT IF YOU SH TO ANGE YOUR ROLLMERT. PART E WHO GISTER ST FILL THIS PART. PART F BE MPLETED	is "Yes, PLACE AN " 1. I elect r under ti 2. I elect t ment ur 1 elect to cl 1. Enrollm	Tatach a doctor IN ITEM 1 OR I Not to enroll in come Health Benefi o cancel my presider the Health I mange my enrollient code number IVOUR SIGNATUR ND ADDRESS OF E	r's certificate.) TEM 2, WHICHEV INY plan Its Act. sent enroll- Benefits Act. ment as shown of present plan E—DO NOT PRI MPLOYING OFFE W. HINGS	(a) I am mer (b) I am Ben (c) Any by the enrollmen (See table	June 3	a plan undonand, wife, a health of the information other information for pre-	ier the He or parent. insurance mation in Finance. Per number. White there in the not record in the fine not reco	in prope alth Bene plan whi Part B. 3. Date ARNING. application eto is a vof not moment and application of not moment ap	of event v MONIH Any interior willful colorion or ethan \$1 5 years, a D IN DFRICE - (; f) ; A,M ICE NO.	DAY continual fals misrepresor f the law pt 10,000 or in r both. (1:	a statement tration relationshable by presonment B U.S.C. 100	in in the control of
PART C L IN THIS ET IF YOU H NOT TO ROLL OR IF U WISH TO ROLLMENT. PART D L IN THIS RT IF YOU SH TO ANGE YOUR ROLLMENT. PART E WHO GISTER ST FILL THIS PART. PART F BE MPLETED SENCY.	is "Yes, PLACE AN " 1. I elect r under ti 2. I elect t ment ur 1 elect to cl 1. Enrollm	Tatach a doctor IN ITEM 1 OR I Not to enroll in come Health Benefi o cancel my presider the Health I mange my enrollient code number IVOUR SIGNATUR ND ADDRESS OF E	r's certificate.) TEM 2, WHICHEV INY plan Its Act. sent enroll- Benefits Act. ment as shown of present plan E—DO NOT PRI MPLOYING OFFE W. HINGS	(a) I am mer (b) I am Ben (c) Any by the enrollment (See table) OF MICSTIGN CITY 23, D. C.	June 3	a plan undonand, wife, a health of the information other information for pre-	ier the He or parent. insurance mation in Finance. Per number. White there in the not record in the fine not reco	in prope alth Bene plan whi Part B. 3. Date ARNING. application eto is a vof not moment and application of not moment ap	of event v MONIH Any interior willful colorion or ethan \$1 5 years, a D IN DFRICE - (; f) ; A,M ICE NO.	DAY continual fals misrepresor f the law pt 10,000 or in r both. (1:	a statement tration relationshable by presonment B U.S.C. 100	in in the control of
PART C L IN THIS SET IF YOU SET NOT TO ROLL OR IF U WISH TO NOCL YOUR ROLLMENT. PART D L IN THIS SET IF YOU SH TO ANGE YOUR ROLLMENT. PART E L WHO GISTER SET FILL THIS PART. PART F D BE MAPLETED GENCY. REMARKS OR USE ONLY THE STATE REMARKS OR USE ONLY THE STATE REMARKS	is "Yes, PLACE AN " 1. I elect r under ti 2. I elect t ment ur 1 elect to cl 1. Enrollm	Tatach a doctor IN ITEM 1 OR I Not to enroll in come Health Benefi o cancel my presider the Health I mange my enrollient code number IVOUR SIGNATUR ND ADDRESS OF E	r's certificate.) TEM 2, WHICHEV INY plan Its Act. sent enroll- Benefits Act. ment as shown of present plan E—DO NOT PRI MPLOYING OFFE W. HINGS	(a) I am mer (b) I am Ben (c) Any by the enrollment (See table) OF MICSTIGN CITY 23, D. C.	June 3	a plan undonand, wife, a health of the information other information for pre-	ier the He or parent. insurance mation in Finance. Per number. White there in the not record in the fine not reco	in prope alth Bene plan whi Part B. 3. Date ARNING. application eto is a vof not moment and application of not moment ap	of event v MONIH Any interior willful colorion or ethan \$1 5 years, a D IN DFRICE - (; f) ; A,M ICE NO.	DAY continual fals misrepresor f the law pt 10,000 or in r both. (1:	a statement tration relationshable by presonment B U.S.C. 100	in in it is
PART C L IN THIS TT IF YOU H NOT TO ROLL OR IF U WISH TO ROLL MENT. PART D L IN THIS RT IF YOU SH TO ANGE YOUR ROLLMENT. PART E WHO GISTER ST FILL THIS PART. PART F BE MPLETED REMARKS	is "Yes, PLACE AN " 1. I elect r under ti 2. I elect t ment ur 1 elect to cl 1. Enrollm	Tatach a doctor IN ITEM 1 OR I Not to enroll in come Health Benefi o cancel my presider the Health I mange my enrollient code number IVOUR SIGNATUR ND ADDRESS OF E	r's certificate.) TEM 2, WHICHEV INY plan Its Act. sent enroll- Benefits Act. ment as shown of present plan E—DO NOT PRI MPLOYING OFFE W. HINGS	(a) I am mer (b) I am Ben (c) Any by the enrollment (See table) OF MICSTIGN CITY 23, D. C.	June 3	a plan undonand, wife, a health of the information other information for pre-	ier the He or parent. insurance mation in Finance. Withis a thering not r	in prope alth Bene plan whi Part B. 3. Date ARNING. application eto is a vof not moment and application of not moment ap	of event v MONIH Any interior willful colorion or ethan \$1 5 years, a D IN DFRICE - (; f) ; A,M ICE NO.	ough the er under the Howhich permits pay the law purity both. (1: 3. EFFECTIVE ELECTION S. PAYROLL S. PAYROLL	a statement tration relationshable by presonment B U.S.C. 100	in in it is

Bureau of the Budget Circular A-32 (Rev.)	RT OF MEDICAL	EXAMINATI	18 MAY 61	88-104-01
1. LAST NAME—FIRST NAME—MIDDLE NAME		2. GRADE AND COMPONE		3. IDENTIFICATION NO.
PURCHIA NICHOTAS JOHN	• , .			· · ·
4. HOME ADDRESS (Number, street or RFD, city or town, zone a	nd State)	5. PURPOSE OF EXAMINA	TION	6. DATE OF EXAMINATION
91 BLAUVELT ST., TEANECK, N.J.		ANNUAL		15 MAY 61
7. SEX 8. RACE 9. TOTAL YEARS	GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT	3 ,
MATE CAUC MILITARY 5YR	B CIVILIAN 1/2 YRS	F.B.T.	·	· /-
12. DATE OF BIRTH 13. PLACE OF BIRTH		14. NAME, RELATIONSHIP	, AND ADDRESS OF NEX	OF KIN
28 AUG 13 NEW YORK CITY, N				
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAD	NYC (61-1224)	16, OTHER INFORMATION	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	h.
90 CHURCH ST., N.Y.C., 7, N.Y.				TOT ON HANDING
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total) - 1	LAST SIX MONTHS
CLINICAL EVALUATION	NOTES. (Describe every	shoormality in detail	Enter pertinent i	tem number before each
NOR- (Check each item in appropriate col- ABNOR-	comment. Co	ntinue in item 73 and	use additional shee	s if necessary.)
MAL umn; enter "NE" if not evaluated.) MAL 18. HEAD, FACE, NECK, AND SCALP			· · · · ·	\$
19. NOSE				
X 20. SINUSES				
v 21. MOUTH AND THROAT	· .			
X 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	The second second			1 2
v 23. DRUMS (Perforation)				
X 24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)				A. F. G.
X 25. OPHTHALMOSCOPIC	and the second	64)		
X 26. PUPILS (Equality and reaction)	RECASURATION OF THE			
Y 27. OCULAR MOTILITY (Associated parallel more ments, nystagmus)	Mrs. Odla			
X 28. EUNGS AND CHEST (Include breasts)		•		
A management of the state of th	The state of the s	•	1 44 11 3	* 4
-A			W	
X 30. VASCULAR SYSTEM (Varicosities, etc.) X 31. ABDOMEN AND VISCERA (Include hernia)	and the second	7 -	3	
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	(ad)magmamm am	n Torman innomi	A TOTAL ATTOCK ATT	HTTO MO DYGTEKT.
33. ENDOCRINE SYSTEM	(32) PROSTATE AN		m are negat.	EVE TO DIGITAL.
34. G-U SYSTEM	EXAMINATION	· 15 63 61	7 12 11/1	
Y 35. UPPER EXTREMITIES (Strength, range of motion)		C 13/10/4	1379	11-93
36. FEET	(o/) prof presure	NEO ESTROY	Numbe	Cinimmon et man
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	(36) PES PLANUS	3rd DEGREE,	BILIAL ERAL	ISYMPTOMATIC.
X 38. SPINE, OTHER MUSCULOSKELETAL			C. Washington	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS		· · · · · · · · · · · · · · · · · · ·		
X 40. SKIN, LYMPHATICS				
41. NEUROLOGIC (Equilibrium tests under item 72)			.)	
42. PSYCHIATRIC (Specify any personality deviation)	5			
43. PELVIC (Females only) (Check how done)				The second of the second
□ VAGINAL □ RECTAL		(Continue i	 	
44. DENTAL (Place appropriate symbols above or below number of		,	REMARKS AND DEFECTS AND	ADDITIONAL DENTAL DISEASES
O-Restorable teeth W-Nonrestorable teeth XXX-Replace		X8)—Fixed bridge, brackets include abut ments	s to	
R			L CLASS	# 1
1 X (2' X X 5) 6 7 8	9 10 11 1X	13X X 15 X6	SE'	
- н 3 <u>К</u> (31 <u>Х</u> О 29) 28 27 26 25	24 23 22 21 ([20 <u>16</u> 18] 17	F OCCLU	SION NORMAL
	· · · · · · · · · · · · · · · · · · ·	5 03 5	- 1	<u> </u>
	LABORATORY FINDI		and the second second	
B. ALBUMIN TECANOTIVE D. MICROSCOPIC	<u> </u>	46: CHEST X-RAY (Place	e, date, film number an	l result)
IVECALLY D		NEGATIVE	15 MAY 61	
C. SUGAR NECATIVE M 47. SEROLOGY (Specify test used and result) 48. EKG	EGATTY E	50. OTHER TESTS	,	
	FACTOR	-		
NEGATIVE CARDIOLIPIN NORMAL	NOT	REQUIRED-		
A NA THE PARTY OF HER ENGLISH THE COLUMN	, e		- 1 t	~ 3

all form

U.S. GOVERNMENT PRINTING OFFICE: 1960—O-540014

*				ME	EASURE	MENTS	AND C	THER	FINDING	S	-	٠.				· \
51, HEIGHT	52. WEIGHT	53. C	OLOR HAI	RATI	54.1 COL	OR EYES	5 5	5. BUILD				_			56. TEM	PERATURE
674	160	GR		****	1	BROW		LJ SĻI	ENDER	. MEDI	UM _	HEAVY	∐ OBE	SE	L , '	98
	OD PRESSURE (Arm			D	•0•,	58.				. Pi	ULSE (A	lrm at heart l	evel)			
A. SYS.120	· B. SY	s.	c.	SY	S. D.	A SI	TTING	E	AFTER	EXERCISE	C. 21	MIN. AFTER	D. R	ECUMBENT		R STANDING
SITTING DIAS. 78	RECUM- DIA	AS.	STANDI	NG DIE	क्रां वि	t bi	88	`	100)	8,	<i>.</i>			3 MIN	• • • • • • •
*	TANT VISION	UUI	60.	,		REFRACT			. 100	<u>, </u>	61.	4-	. N	EAR VISION	<u> </u>	
RIGHT 20/ 20	CORR. TO 20/		BY.		s.			- 0				₫ · cori			BY	,·
LEFT 20/ 20	CORR. TO 20/		BY					0;			J			#* ·		
		<u> </u>	181		<u>.</u>	,			<u> </u>	. ,	J	1 CORI	1. 10		BY	
62. HETEROPHORIA (Sp	ecty atstance)	. ~ ′	-	,	,		•			-		,			۵	
ES°	EX°	R. H		L	Н.	,	PRISM C	OIV.	4		CONV.	•	-	PC	r _k in	PD
63. ACCO	MMODATION		64. COL	OR VISIO	ON (Test	used an	d result)		:	65. DE	PTH PE	RCEPTION		UNCORRE	CTED	
RIGHT	LEFT -		NEG	VITI	E IS	HTHA	RA		-	(2	est use	d and score)	`	CORRECT	ED`	
66. FIELD OF VISION	100					used and			=	68. RE	D LENS	TEST		69. INTR/	OCULAR	TENSION
	·	, s-					~				-	-		1	-	
70. HEA	RING		71.	,,,			UDIOME	TFR			·	72. PSYCHO	LOGICAL	AND PSYC	номото	Ř
	,				<u> </u>	<u>, </u>	Т	1				*(Tests	used and	d score)		-
A M	/15 SV	/15		250 256	500 512	1000	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192		, f	• `=		
15v	15		-		L	ļ	1	1	 				•		•	J. J.
LEFT WV 15	/15 sv 15	/15	RIGHT		<u> </u>	<u> </u>	<u> </u>	٠				: .	. ~			
72 1)0555 (20	* *,		LEFT .	-	<u>L</u>	-	J	~				<u> </u>	÷		·	
73. NOTES (Continued)	AND SIGNIFICANT C	OR INTERVA	AL HISTOI	RY	,			. "				* * *				£.
MUMPS AND	WHOOPING	COUGH	IN (CHIL	DHO0	D_{ullet}							-	• •	٠.	
DIVERTICUL							ASYM	PTOM	ATIC.							
JAUNDICE I											RT B	OTWOTE	. VA)	
WEARS GLAS				- 110		* * * * * * * * *	~	11		0-		024022	,			
OBTAINED F				៣យា	टक्क	UTOR		·. , ·	. 1					٠.,		
ODIWIND L	THI LUGI	MUTT	E. 111	TUD	pen	A Trobb	•	' در		`	,			- , ,	* **	u ,
	, S		` .			, -							•	ě		•
•		5				t			٠.		,,	* * , *		- 1.4		
· .*	¥-					,	e e e e e e e e e e e e e e e e e e e	- 1		•		, 1	, . · `			
,	•	;		• .		* 31 3							. 6	· ·		
,	- · ·	:		•			* -	. 3	,	٠	. :		• ,		,	115
						100	_				3				3	
	* 1		· ,	*	(Use	addition	nal sheets	if neces	82TY) -	,	**	· , * · .				
74 SUMMARY OF DEFE	CTS AND DIAGNOSE	S.(List dia	gnoses w	ith item	number	s) ·		, -		Ť.			٠			
; ;	***						,	,		′	,	. **	,		J. 1.	
(36) PES P	TAMITS 2	PTT.	ልጥ ጥ ው	ΔT. •	, NGVM	DUUM	ለምፐር		•			· · · · .	٠.	- Î٠,	`	. , 4
ב מבנו לטכו	ر و داماندسد	بنددرو	4271111U	. وللة	VOTL	1 100	MILO	•		~		- 4			-	
			,	** '			`				• '	\$ 4				- 1
					· · ·					1.			;	4.5		
- * ;	• • •	• ,	1		`		•									1. 3
	· · · · · · · · · · · · · · · · · · ·							,	`	,		· · ·				
75. RECOMMENDATIONS	FURTHER SPECIA	LIST EXAM	INATIONS	INDICAT	TED (Sp	cify)	\ -	-	٠ «		4	76.	A.`	PHYSICAL I	ROFILE	- ·
**************************************	3	` ,	, ,						• • •	*, *		P	U,	L,	H. S	E S
. 4		• • •	, x			•		1, 1			х	·				,
77. EXAMINEE (Check)	· , , , , , , , , , , , , , , , , , , ,	•			····	-			••		,	· · ·	, -	!-		· · · · · · · ·
A. 7 IS QUALIFIED FOR	DUTY.		, - ·			, ,	~ · •,	. 5		` .		' '	B. PI	IYSICÁL CA	TEGORY	
B. I IS NOT QU	ALIFIED FOR					~ •	,, ,			-	•		. 7 	on		
70 15 NOT 01111515	LICT DISCUSSION	a preser-										 	1	<u> </u>		. E
78. IF NOT QUALIFIED.	LIST DISQUALIFYING	G DEFECTS	RA ILEW	NUMBEI	K'				*			A		В	C .	
				·						<u> </u>			ل		- :	<u> </u>
79. TYPED OR PRINTED	NAME OF PHYSICIAN	N .		•	•			SI	GNATURE			* 4 *				•
	c	· · · · · · · · · · · · · · · · · · ·		•			,			· , ·		F		•	· , ,	
80. TYPED OR PRINTED	NAME OF PHYSICIAL	N ·				*		SIC	SNAŢURĒ					,	Λ .	1 2
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			-		`.					\wedge	1	1.		/	4 -	- 1
81. TYPED OR PRINTED	NAME OF DENTIST (OR PHYSICI	AN (Indi	cate whi	ch)			SIC	SNATURE/	1	/	//			1	
			, , , , , , , , , , , , , , , , , , , ,				-		/	ž / °.	Sil	him.	٠٨.	/	/	* * * * *
82. TYPED OR PRINTED	ISSY M.D.	G OFFICER	OR ABBB	OVING 1	HTHORY	·v		61/	NATURE	//	1	$-\chi^{\nu}$		- /	NIMBE	R OF AT-
OZ. TYPED OK PRINTELL		S OFFICER	OR APPR	VALUE VI	o i noki i	•		210	SILV I OKE	.,		0	,	1 1	TACHED	R OF AT-
 . ,	•	-		1				- 1	**	- .		!		•	١ `	

Standard Form, 89 (Rev. Aug. 2950) PROMOGRATED BY BUREAU OF THE BUDGET CIRCULAR A-24

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

						••••										•	
•				AME-MIDDLE NAME				1			2. GRA	DE AND (COMPONE	NT OR POSITI	ON	3	. IDENTIFICATION NO.
	TU	<u>RC</u>	4119	NICI	40	<u>2 </u>	6	3 S JOHN on, zone and State)									
4.	HOME	ADDRE	SS (Nu	nber, street or RFD	, cit	y or	tow	n, zone and State)			i	POSE OF		- •		6	. DATE OF EXAMINATION
9	ı B	WA.	VV	FLT ST	-	7	F	ANECK . N.J			\ \mathcal{K}	7M1	インド	71		1	5/15/61
7.	SEX	1	. RACE	9. 1	TOTA	L YI	RS. (ANECK, N.J.	AGE	NC	OR SEF	VICE		11. ORGANIZ	ZATIO	דואט אכ	-/
1	M		n		AILIT.		٠ ١	CIVILIAN									
12.	DATE	OF BIR	тн	13. PLACE OF BIRT		• • •		14. NAME, RELATIO	NSF	HIP,	AND ADI	DRESS OF	NEXT O	F KIN			
81	2	۲),	3	NEW YOU OR EXAMINER, AND	RH	٤	1	0,74									
15.	EXAM	INING I	ACILITY	OR EXAMINER, AND	ADD	RES	s	*	16.	OT	HER INFO	ORMATIO	N		-		
]	C T	AK	Y car	GACHUN	20	H	•	ST. NYC									
17.	STAT	EMENT	OF EXAM	INEE'S PRESENT HE	ALTH	IN	OWN	ST. WYC N WORDS. (Follow by description of	nasi	t hi	story_ if	complair	t exists)				·
						_	_	ood									~`.
18.	FAMI	LY HIST	TORY									19. HA	S ANY BI	OOD RELATIO) N	Parent, broti	ner, sister, other)
	RELAT	ION	AGE	STATE OF HE	EALTI	Н		IF DEAD, CAUSE OF DEATH	Т	Ą	GE AT DEATH	YES	NO NO	(Check	eac	h item)	RELATION(S)
FA	THER		81	FAIR					\dashv		JEN I R		V	HAD TUBERO	CULO	sis	
мо	THER		71	FAIR					7				V	HAD SYPHIL	.IS		
SPO	OUSE		110	Good					十			1	<u> </u>	HAD DIABET	ES		FATHER
			45	Good					+				1/	HAD CANCER	R		Famer
BR	OTHE	RS	72	Good					+				1-	HAD KIDNEY	TRO	UBLE	
	AND								7				1	HAD HEART	TRO	UBLE	
s	ISTER	es	49	GOOD	-				\dashv			-سا		HAD STOMA	сн т	ROUBLE	FATHER
			-/_/_						7			_	<u> </u>	HAD RHEUM	ATIS	M (Arthritis	
СН	ILDRE	:N						,	\dashv					HAD-ASTHM	AA.	AY FEVER	FATHER
P	AU	L	13	GOOD					7				1	HAD EPILEPS	SY (Fils)	7,7,7
		HAEL		Good									1	COMMITTED	SUIC	CIDE	
		1	-	0000									1	BEEN INSAN	E		
20.	HAVE	YOU E	ER HAD	OR HAVE YOU NOW	(Pla	ce c	heci	k at left of each item)					R	<u> </u>			····
YES	Ю		(Check	each item)	YE	SN	10	(Check each item)	YES	NO		(Check	each i	item)	YES	NO	(Check each item)
	20	SCARL	ET FEVE	R, ERYSIPELAS	T	2	7	GOITER			TUMO	R, GROW	TH, CYS	T, CANCER		TRIC	K" OR LOCKED KNEE
	~	DIPHT	HERIA			ı	1	TUBERCULOSIS		9	RUPT	URE			Γ	FOOT and	TROUBLE
	1	RHEU	MATIC FE	VER			1	SOAKING SWEATS (Night sweats)		V	APPE	VDICITIS				NEURI	TIS
	-	SWOL	LEN OR P	AINFUL JOINTS		T		ASTHMA		-	PILES	OR RECT	TAL DISE	ASE		PARAL	YSIS (Inc. infantile)
9300	1	мимя	s			1	1	SHORTNESS OF BREATH	Г	1	FREQ	UENT OR	PAINFUL	URINATION		EPILEI	SY OR FITS
_	1	WHOO	PING COL	JGH			4	PAIN OR PRESSURE IN CHEST	Γ	1	KIDNE	Y STONE	OR BLO	OD IN URINE		CAR, T	RAIN, SEA, OR AIR SICKNESS
_	~	FREQU	JENT OR	SEVERE HEADACHE		_	N	CHRONIC COUGH		4	SUGA	R OR ALE	BUMIN IN	URINE		FREQU	ENT TROUBLE SLEEPING
_	سه	DIZZI	IESS OR	FAINTING SPELLS			1	PALPITATION OR POUNDING HEART		1	BOILS	3	`			FREQUE	NT OR TERRIFYING NIGHTMARES
_	سا	EYE T	ROUBLE			\int_{a}^{a}	u	HIGH OR LOW BLOOD PRESSURE		L	VENE	REAL DIS	EASE			DEPRE	SSION OR EXCESSIVE WORRY
_	~	EAR,	IOSE OR	THROAT TROUBLE			1	CRAMPS IN YOUR LEGS		v				OF WEIGHT		Loss	OF MEMORY OR AMNESIA
_	سا	RUNN	ING EARS	3		I	4	FREQUENT INDIGESTION			ARTH	RITIS OR	RHEUM	ATISM		BED W	ETTING
	-	CHRO	NIC OR F	REQUENT COLDS	V			STOMACH-LIVER OR INTESTINAL TROUBLE			BONE	JOINT, C	R OTHE	R DEFORMITY	Ĺ	NERVO	OUS TROUBLE OF ANY SORT
	1	SEVER	RE TOOTH	OR GUM TROUBLE			1	GALL BLADDER TROUBLE OR GALL STONES		V	LAME	NESS				ANY D	RUG OR NARCOTIC HABIT
	1	SINUS	ITIS		-	1		JAUNDICE			LOSS	OF ARM.	LEG. FIN	SER, OR TOE	L	EXCES	SIVE DRINKING HABIT
		HAY F	EVER					ANY REACTION TO SERUM, DRUG OR MEDICINE		'	PAINFL	JL OR "TRI	ск"ѕнои	LDER OR ELBOW		НОМО	SEXUAL TENDENCIES
21.	HAVE	YOU E	VER (C	heck each item)					22.	. FI	EMALES C	ONLY: A.	HAVE YO	U EVER—	В.	COMPLETE T	HE FOLLOWING:
_		WORN	GLASSE	s			1	ATTEMPTED SUICIDE		L	BEEN	PREGNA	NT		L	AGE A	T ONSET OF MENSTRUATION
_	Name .	WORN	AN ART	IFICIAL EYE			1500	BEEN A SLEEP WALKER		L	HAD	A VAGINA	L DISCH	ARGE		INTER	VAL BETWEEN PERIODS
	نعيا	WORN	HEARIN	G AIDS	_ _		1	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	L	L	BEEN T	TREATED F	OR A FEM	ALE DISORDER	_	DURA	TION OF PERIODS
	L	STUT	TERED O	R STAMMERED	_ _			COUGHED UP BLOOD			HAD	PAINFUL	MENSTR	JATION	_		OF LAST PERIOD
_	1 400	WORN	A BRAC	E OR BACK SUPPO	RT		¥	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	_					TRUATION	QU		NORMAL EXCESSIVE SCANTY
			JOBS HAV	E YOU HAD IN THE	;	24.	WH/	AT IS THE LONGEST PERIOD YOU D ANY OF THESE JOBS?			VHAT IS Y					1	OU (Check one)
								ITHS	كِا	P	EC1H	14	4)GE	MT		RIGI	IT HANDED LEFT HANDED
								6:	/	-	41		17	917-	, .	9 3	
								Permana and an annual	_	_	7 . 8		1	/ /		11	

ENCLOSURF //

YES	NO	CHECK EACH HEM TES OR NO. E	VERT TIEM CHECKED TES MOST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	المحتملا	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	1-1- 1-00
	_	B. INABILITY TO PERFORM CERTAIN MOTIONS	James 1942 - US ARMY.
	1		
	100	C. INABILITY TO ASSUME CERTAIN POSITIONS	O'T O'T
		D. OTHER MEDICAL REASONS (If yes, give reasons)	Diverticulation no operation
	V	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	Hospitalizadi- 3 werks - methodist
	سينا	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	Naundecé 1942 - US ARMY. Diverticulités - no operation Hospitalization - 3 werles - méthodist Hospital - 1955 -
	س ا	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	Dr. Peter Fiore, Blogn 44.
	r	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
	١	32 HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	
	مسما	33 HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	/	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	•
	سسا	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS. HEALERS. OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
	سما	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
4	سرا	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
	<i></i>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	- 1	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY. (If yes, specify what kind, granted by whom, and what amount, when, why)	
I AU	THORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPF ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	PLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. D ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
		ED NAME OF EXAMINEE	SIGNATURE
- 4			Michael Wind
Mici	10X		Physician shall comment on all positive answers in items 20 art 59)
40. PH15	ICIAN'S	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (F	nysician shate comment on all positive answers in across 20 and 0007
-	つ 。		
`	Υν	muy tohoping	cough in childhook,
			Δ λ λ
•	3	Line To	rat water 5 years ago, Toymptomatic
	4	wern com its.	
ü		e C En	the Army &
	R	pundice in 1942	a Hope tolored 2 weeks at tout
	o (!	' · ./	V
13	Sel	von la.	\
•	-	0.	e e
	A	Heases for reas	ung.
	•	Flort feet in	bel servee.
		U	
TVDED	R PRIM	TED NAME OF PHYSICIAN OR EXAMINER DATE	SIGNATURE NUMBER OF ATTACHED
		RDINELLI, LT., M.C.	My Sernewill SHETS
			U. S. GOVERNMENT PRINTING OFFICE: 1952—O-213344
. H	-	•	U 0, 3, Supenament Printing OFFICE: 1332—0-213344

CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT

YES NO



Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee _	PURCHI	A STATE OF THE STA	NicH	OLAS	JOHN
(Type or print)		Last	First		Middle
The following portion	ons of the attached	l examination	report form need	not be compl	eted:
	2		62		
	3		65		
	4		67	• •	
	9		68		
0	11	, , , , , ,	′69:	•	•
	14		72		
	17	,	76	-	•
40 7					p ^
46. Is necessary un	lless facilities for	attording sa	me are not readil	y available.	
48. Not required un	less examinee is	over 35 years	of age or examin	nation indicate	es such is
desirable.			3		,
	7	**		- + ₂	
49. Is necessary un	less facilities for	affording sa	me are not readil	y available.	,
					·
71. Audiometer exa	minations should	be afforded w	henever possible	•	
•	*		,		•
* .				,	*
For All Examinees,	Whether Clerical	or Special Ac	ent Annlicants o	r Employees	,
· Or All Examinees,		or opecial Ag	, Appricants o	Limpioyees.	. 4.2
The medical examiner s	hould answer the follo	wing question:			•
- n		1.61 1.6	, ,		*
Examinee L	≝is Lis not q	ualified for s	trenuous physica	1 exertion.	
	y .	ч		ħ	• •
		1			
To be Answered in	the Case of All Mo	ale Employee	s and Male Appli	cants:	,
1. Does examinee latactics and dang	nave any defects r erous assignments				
	TC // // 1	• • •	,	v	
ı⊓N° □X	es If "yes" ple	ase specify o	lefects.		
1	a ("				
-/		-	-		
2. Does examinee l	nave any defects p	rohibiting sa	fe operation of m	otor vehicles?	?
					
Ľ No LY	es If "yes" ple	ase specify o	lefects		· · · · · · · · · · · · · · · · · · ·
	, ,			-	
If examinee has	defective vision,	should he we	ar corrective glas	sses while op	erating a motor
vehicle? Y				•	•
	4	-	1	3 M 11	7 63
		· .	1.7-4.1	-	1-15
	Re. 8. 12. 6	من مند نوه وزي ريا	u •	•	₩
	ALC O SEE	ENCI	OSURE		

Mar

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame				
5′ 4″	117 - 125	123 - 135	131 - 148				
5′ 5″	120 - 129	126 - 1.39	134 - 152				
5′ 6″	124 - 133	Ì30 - 143	138 - 157				
5' 7"	128 - 137	134 - 148	143 - 162				
5′8″	132 - 141	138 - 152	147 - 166				
5′ 9″	136 - 146	142 - 156	151 - 170				
5' 10",	140 - 150	146 - 161	, 155 - 175				
5′ 11″	144 - 154	150 - 166	160 - 180				
6 '	148 - 158	154 - 171	164 - 185				
6' 1"	152 - 163	158 - 176	169 - 190				
6′ 2″	156 - 167	163 - 181	174 - 195				
6'.3"	160 - 171	168 - 186	178 - 200				
6'.4"	169 - 180	178 - 196	188 - 210				
6 ′ 5″	17.4 - 185	182 - 202	192 - 216				

3.	Examinee's frame is small medium	large
4.	Considering above weight table, the examinee's frame I consider his present weight Satisfactory	and other individual physical characteristics, Excessive Deficient
5.	Under proper medical supervision, examinee should	losepounds
	7	gainpounds
Re	marks:	

(Signature of Medical Examiner)

15 may 1961

_

15 15

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

b6 b7C

REPORT OF PERFORMANCE RATING

		10 1	Į.
Name of Employee:	NICHOLAS J. OPURC	HIA 10510	
Where Assigned:	NEW YORK	INTERN	AL SECURITY
-	(Division)	(Section, U	Jnit)
Official Position Title:	SPECIAL AGENT, G	S-13	
Rating Period: from	4/1/61	to3/31/6	2
ADJECTIVE RATING:		ENT , Satisfactory, Unsatisfactory	Employee's Initials
	<u> </u>		
Rated by: Warren	marches and	SUPERVISOR	3/31/62
WARREN MARCHESSAU	LT Signature	Title SPECIAL AGENT	Date
Reviewed by:	S. toster R	IN CHARGE	3/31/62
H. G. FOSTER	La Signature	Assistm _{tle} Director	APKD16 1962
Rating Approved by:	Signature	Title	Date
<u> </u>	TYPE OF RI	EPORT \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	13797-94
(x		C-140 Searche Searche	3 AP. 9 1962
•	(x) Annual	() 6 <u>0-Day</u>	
		() 90-Day () Transfer	
2-39		() Separation from	om Service
A A DR 17196	2	() Special	

NARRATIVE COMMENTS

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

FORMANCE RATING GOE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIA	Title SPECIAL AGENT, GS=13
	Rating Period: from <u>4/1/61</u> to <u>3/31/</u> 62
RATING GUIDE AND C	HECK-LIST
Note: Only those items having pertinent bearing on employee's performance show	ald be rated. All employees in same salary grade should be compared.
Rate items as follows: — — Outstanding (exceeding excellent and deserving of special commendation).	
Excellent. Satisfactory (good or very good).	
Unsatisfactory.	
No opportunity to appraise performance during rating period. Guide for determining adjective rating:	
1. "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) the	at each and every rated element be factually justified by parrative detail on
reverse of Form FD-185. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the mechanical formulas; however, for an employee to be rated "Excellent" he must not guide and check-list and must be rated "Excellent" or "Outstanding" on the majorit adjective rating is reasonable in the light of elements rated. A. Any element rated "Unsatisfactory" must be supported by narrative comments. B. An "official" adjective rating of "Unsatisfactory" must comply with the requirements.	composite result of evaluating all rated elements rather than following any be rated unsatisfactory on any performance evaluation factors on the rating y of such rating factors. Good judgment must be exercised to insure that
(1) Personal appearance.	E (17) Firearms ability.
(2) Personality and effectiveness of his personal contacts.	(18) Development of informants and sources of information.
(3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share	(19) Reporting ability:
work load).	(a) Investigative reports (b) Summary reports
(4) Physical fitness (including health, energy, stamina).	(c) Memos, letters, wires
(5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required.	· (Consider:tconciseness; _t_clarity; _t_organization;
(7) Judgment, including common sense, ability to arrive at proper	thoroughness; taccuracy; tadequacy and perti-
conclusions, ability to define objectives.	nency of leads; #administrative detail.) (20) Performance as a witness.
(8) Initiative and the taking of appropriate action on own responsibility.	(21) Executive ability:
(9) Planning ability and its application to the work.	(a) Leadership
(10) Accuracy and attention to pertinent detail.	(b) Ability to handle personnel (c) Planning
(11) Industry, including energetic, consistent application to duties.	(d) Making decisions
(12) Productivity, including amount of acceptable work produced	(e) Assignment of work (f) Training subordinates
and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is	(g) Devising procedures
, attributable to causes beyond employee's control.	(h) Emotional stability
(13) Knowledge of duties, instructions, rules and regulations, in-	(i) Promoting high morale (j) Getting results
cluding readiness of comprehension and "know how" of application.	(22) Ability on raids and dangerous assignments:
(14) Technical or mechanical skills.	(a) As leader (b) As participant
(15) Investigative ability and results:	+ (23) Organizational interest, such as making of suggestions for
(a) Internal security cases (b) Criminal or general investigative cases	improvement.
(c) Fugitive cases	(24) Ability to work under pressure. E (25) Miscellaneous. Specify and rate:
(d) Applicant cases	Dictation ability
E (e) Accounting cases	
(16) Physical surveillance ability.	
A. Specify general nature of assignment during most of rating period (such as secutor, etc.): Security	rity, criminal, applicant squad, or as Resident Agent, supervisor, instruc-
B. Specify employee's most noteworthy special talents (such as investigator, desk ma	n, research, instructor, speaker):
Investigator	
	re?Yes (If answer is not "ves" evolain in narrative comments)
(2) Is employee available for special assignment wherever needs of service require	e? Yes (If answer is not "yes," explain in narrative comments.)
D. 1. Has employee had an abnormal sick leave record during rating period? NO for illness) during rating period than the amount of sick leave earned during narrative comments.)	2. Has employee used more sick leave (including annual leave or LWOP such period? NO (If answer to either question is "Yes," explain in
E. Is employee qualified to operate a motor vehicle incidental to his official duties? If answer is "yes," personnel file must reflect the following: (a) Has valid physically fit to drive. (c) Past safe driving record OK or has passed Bureau	d State or local operator's license for type vehicle he is to use. (b) is
ADJECTIVE RATING: EXCELLENT Outstanding, Excellent, Satisfactory, Unsatisfac	EMPLOYEE'S INITIALS

NICHOLAS J. PURCHIA, SPECIAL AGENT, GS-13 ANNUAL PERFORMANCE RATING, MARCH 31, 1962

PART I GENERAL COMMENTS

SA PURCHIA is of average height and build. He dresses neatly and presents a fine appearance. He has a likable personality.

During the rating period this agent has been assigned cases involving the investigation of Communist front organizations. He has handled these investigations in an above-average fashion. He is considered a top-flight investigator. He is very enthusiastic and readily assumes responsibility. He uses above-average judgment. He is capable of handling the more complicated investigative matters. He is also capable of participating in raids and dangerous assignments.

By letter dated 3/13/62 the Director commended SA PURCHIA for an excellent job in the preparation of a lengthy prosecutive summary report relative to a matter of much interest to the Bureau in the security field.

RATING: EXCELLENT

PART II SPECIFIC COMMENTS

- 1 Justification for any minus ratings given NA
- 2 Experience and Ability as an Inspector's Aide NA
- 3 Participation in Informant Program

This agent, although not having developed a security informant himself, has been alert to obtain names of these individuals who appear to be good potentials for such development. These names were turned over to those agents working actively on the informant development program. In addition, this agent has assisted another agent in the development of a source resulting in technical coverage of an important convention in the New York area.

4 - Testifying Experience and Ability

None during rating period

5 -	Disciplinary	Action	None
-----	--------------	--------	------

- 6 Accounting Information NA
- 7 Police Instruction NA
- 8 Sound Training NA
- 9 Resident Agents NA
- 10 Foreign Language Ability None
- 11 Administrative Advancement

A-Is agent interested in administrative advancement? No



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

MAR 20 1962

Date

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS J. PURCHIA
(Type or print plainly)

Dear Sir:

Name

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Relationship

	WIFE	3-16-62 b
91BLAUYELT STREET	, TEANECK, NEW	JERSEY
The following person is designated as my berebeneficiary of agents killed in the line of duty, other tha	neficiary under the Chas. S. Ross Fund prov	
Name	Relationship WIFE	3-16-62
Address 91 BLAUVELT STREE	TEANECK, NEW J	ERSEY
67-NO APR 6 1962	Very truly yours, Archolas J. Special Agent	Surchia Zdan



UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C. AUG 17 1961

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Nicholas J. Purchia

(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

RE: SA _

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Addres	WIFE .	7/25/6/b7C
	EET, TEANECK, NEW	JERSEY
The following person is designate beneficiary of agents killed in the line of dut	as my beneficiary under the Chas. S. Ross Fund, other than travel accidents.	l providing \$1500 death benefit to
Nαme	Relationship WIFE	7/25/61
Address OHTBANAUVE J. T. S.	REET, TEANECK, NE	EW JERSEY
8 SEP 13 1961 L	Very truly yours Michola	
	Special & gent	is y vuencame

17.

	_	
- Product 12-02 (1861.)	T OF MEDICAL EXAMINATION	88-10 <u>4</u> -01
1. LAST NAME-FIRST NAME-MIDDLE NAME	2. GRADE-AND COMPONEN	T-OR_POSITION . 3, IDENTIFICATION NO.
TURCHIA, NICHOLAS	JC HM	• • • • • • • • • • • • • • • • • • • •
A. HOME ADDRESS (Number, street or RFD, city or town, zone and	•	ion 6. DATE OF EXAMINATION
ALDINGTON TO	N/ T ANNUAL	11/2 3/2 3
91 BLAUVELT ST., LEANE		4/23/62-
8. RACE 9. TOTAL YEARS O	SOVERIMENT SERVICE	ORGANIZATION UNIT
M W MILITARY 5	CIVILIAN 15-14 FB1	
12. DATE OF BIRTH 13. PLACE OF BIRTH	14. NAME_RELATIONSHIP.	AND ADDRESS OF NEXT OF KIN
HUG. 28, 1913 MEIN YORK (iTY	
15, EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION	
Jal Corney Dispensory, Forein		
172-RATING-OR-SPECIALTY	TIME IN THIS CAPACITY (7	otal) LAST SIX MONTHS
,		
OLIMANIE ETMEONICO	NOTES. (Describe every abnormality in detail.	Enter pertinent item number before each se additional sheets if necessary.)
NOR- (Check each item in appropriate col- MAL umn; enter "NE" it not evaluated.) MAL		
18. HEAD, FACE, NECK, AND SCALP		,
20. SINUSES	•	
21. MOUTH AND THROAT	·	
22. EARS-GENERAL (Int. & ext. canals) (Auditory acutty under tlems 70 and 71)		
23. DRUMS (Perforation)	•	
24. EYES—GENERAL (Visual acuity and refraction under ilems 59, 60 and 67)		
25, OPHTHALMOSCOPIC		
26. POPILS (Equality and reaction)		
27. OCULAR MOTILITY (Associated parallel more ments, nystagmus)		•
28: LUNGS AND CHEST (Include breasts)		
29. HEART (Thrust, size, rhythm, sounds)	•	
30. YASCULAR SYSTEM (Varicosities, etc.)	29 · · · / / / / 19/As	wel Henry hordelle
31. ABDOMEN AND VISCERA (Include hernia)	39 Digital estar 1867.	-413797- 43
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	tous noted. See	
33. ENDOCRINE SYSTEM		8 MAY 16 1962
34. G-U SYSTEM		
35. UPPER EXTREMITIES (Strength, range of motion)	REC-140	
36. FEET	KFC-1.	
37. LOWER EXTREMITIES (Except feet)		
38. SPINE. OTHER MUSCULOSKELETAL	1 300 a 3 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a 4	is believe in ent. new
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	39. one men surge	ers officer in fire. Her
40. SKIN, LYMPHATICS	1001	
41. NEUROLOGIC (Equilibrium tests under item 72)	40 Detareous cyst (has Morrid
42. PSYCHIATRIC (Specify any personality deriation)	/	
43. PELVIC (Females only) (Check how done)	1 MMCCorre	
□ VAGINAL □ RECTAL	LEUSUR PALACONTINUE II	
44, DENTAL (Place appropriate symbols above or below number of a		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
O-Restorable teeth $\frac{X-Missing\ t}{XXX-Replaced}$	the depth $(6N8)$ — Fixed bridge, brackets by dentures include abut ments	" \Jon 0 ! 100.0 - 2
R TO COMP		a Property
5 6 7 8	9 10 11	E d/
デート ガス (31 × 29 28 27 26 25)	24 23 22 21 (20) 18	f 1(10001 - 1
		Cos -
· · · · · · · · · · · · · · · · · · ·	LABORATORY FINDINGS	
45. DRINALYSIS: A. SPECIFIC GRAVITY (0)24	46. CHEST X-RAY (Place	date, film number and result 189
B. ALBUMIN D. MICROSCOPIC	U.S. ARMY HO	DOPHAL
C. SUGAR	FORT JAY, N.	Y. 4, N. 7
47. SEROLOGY (Specify test used gold result) 48. EKG	49. BLOOD/TYPE AND RH 50. OTHER TESTS'	
Negative Serology North		
	1111	
1 KM7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<i>(</i> ,1

U.S. GOVERNMENT PRINTING OFFICE . 1960-Q-540014

<u>* </u>	 						10000	NEVEC	AND	THES.	TAIDING					 				-
El becur	l en	WEIGHT	·	53 00	LOR HAII			MENTS OR EYES		THER I	INDING	3					15	6. TEMPI	RATURE	
51. HEIGHT	52	L. WEIGHT			ROR HAII			S'DWA	•		NDER 💈	MEDI	WU 🕏	HEA	vy 🗆 c	DBESE	٦	48	10	
<i>.U 0</i> 57.	BI OCC	PRESSURE (Arm of			4-1	123	58.					7.	rm'at h	eart level)			, 0	<u> </u>	-
· · · · · · · · · · · · · · · · · · ·	sys. 124	B.	SYS.	neuri (et	C.	SYS	 S.	A SIT	TING	В	AFTER E					RECUMB	ENT E	AFTER	STANDING	
SITTING	DIAS. 70	RECUM-	DIAS.		STANDI	NG -		- '' '''	23		10	.*		0	ろ l			3 MIN.		
59.	/ <i>C</i>	BENT NT VISION	J.7.3.		(5 min	./ 1 5.7		REFRACT	K.L.		1 6	/	61.	0		NEAR VI	SION			
RIGHT 20/	20	CORR. TO 20	····		BY		<u>'</u> S.	RACI		0)			7	?	CORR. TO			BY	7/5	
LEFT 20/	70	CORR. TO 2			BY		<u>s.</u> s.			OX		- N-4 W	13		CORR. TO		 ,	BY	112	<u> </u>
	PHORIA (Speci		<u> </u>	اا															7-1.2	
. 5	,			<i>`</i> 28′								20101				PC			D	
ES°	E:	<u>~~</u>		R. H.	•		. н. Э		PRISM D	NV.	_		A CONV. CT	•		rc		•		
63,	. ACCOUNT	HODATION		$-\frac{\mathcal{O}}{1}$	64. COL	OR VISIO	N (Test	used an	d result)		() -	65. DE	PTH PE	RCEPTIO	ON	UNC	ORREC	TED		-
RIGHT	ACCOM!	LEFT			~ ~	40		_	رمع	22	ıΧ	(7	est use	d and s	соге)		RECTE			
66. FIELD O	F VISION				67. NIG	HT VISIO	N (Test	used and			/-	68. RE	D LENS	TEST				CULAR T	Eńsióń	
	(110.0.1														-	1 7	=7		<i>y</i>) .	
70.	HEARI	NG.			71.			Α	UDIOME	TER		-L		72, P	SYCHOLOG Tests used	ICAL AND	PSYCH	OMOTOR		
								T	I	1	4000	4200		(Tests used	and scor	e)			
RIGHT WV	/15	s sv		/15		250 256	500 812	1000 1024	2000	3000 2896	4000 4096	6000 6144	8000 8192							
•					RIGHT	71!	111	7	5	7	1//	-, 	70	f	,					
LEFT WV	/13	5 SV		/15	LEFT	111	1/1	5	5	 / 	1//	7	-5	1	,					
73. NOTES ((Continued) A	ND SIGNIFIC	ANT OR II	NTERVA		RY	14.64	1	ــــجــــــ	.1	1.441			1					٠,	
ε,	•																			
4 30		•																		
	-									*										
1 2 1	. ,,																			
	•																			
												•				1				
· .																				
i je i						•													٥	
* * *	. •														×					
* 4.5	٠ .																			
							,													
<u></u>				-1					nai sheet	s if neces	82TY)									
74 SUMMA	ARY OF DEFECT	TS AND DIAG	NOSES (List dia	gnoses u	th item	number	8)		•										
٠			*																	
	,																			
,									. , ′	•										
a																				
i i						·														
2-3- 15- 1										<u></u>				76		A BUNG		2051: 5		
75. RECOM	MENDATIONS-	-FURTHER S	PECIALIS'	T EXAM	INATIONS	5 INDICA	TED (Sp	ecify)			•			76.	U	A. PHYSI			E S	
	*,	,,																-	-	
14 0	*													 				!	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	NEE (Check)																			
	UALIFIED FOR	IEIEO FOD		1) (UT.	٢									. E	B. PHYSIC	AL CAT	regory		
Β, ∟] IS NOT QUAL	THIED FOR												-						
78. IF NOT	QUALIFIED. L	IST DISQUAL	IFYING D	DEFECTS	BY ITEM	A NUMBE	R								A	В	4-	<u>, c</u>	E	
*	·				,														J	
79. TÝPED	OR PRINTED N	AME OF PHY	SICIAN							S	GNATURE	•							•	
45.											^							<u>.</u>		<u></u>
80. TYPED	OR PRINTED N									SI	GNATURE	~			A			1		
UGA	OME	BJ	nco	ي حور	140	CI	107	- m	1C		4	18	1/2m	~	~ Gen	per	-de	u		
81. TYPED	OR PRINTED N	AME OF DEN	ITIST OR	PHYSIC	IAN (Ind	licate wh	ich DAT	IT. CF	SARC) si	GNATURE		-	າ	(VA	7			_ ``	
							CAT		DC		X17	برور	لمند		W.	ser	to			
82. TYPED	OR PRINTED N	AME OF REV	IEWING (OFFICE	R APPI	ROVING A					GNATURE	:					i	NUMBE	R OF AT.	
)				oneL		

Standard Form 89 (Rev. Aug. 1950) PROMULGATED BY BUREAU OF THE BUDGET CIRCULAR A-24

REPORT OF MEDICAL HISTORY

	AME-MIDDLE NAME) /	A	s 1)	^ ~ n/			2. GRADE	-AND-C	OMPONE	NT OR POSITIO	1	3.	DENTIFICATION NO.
SS (Nu	nber, street or RFD	citn	or to	wn. zone and Sta	- 77 /Y		+	5. pitppo	SF OF	FYAMINA	TION		-	DATE OF EXAMINATION
								1						
RACE	9. TO	DTAL LITA	YRS. <u>RY</u>		l	AGEN	CY, C	OR SERVI	CE	`	H: ORGANIZA	TION-U	NIT-	• •
- //V TH	13. PLACE OF BIRTH			1514		NSHI	P. A	ND-ADDR	ESS OF	NEXT O	E-KIN			
	NEW VO	01	ٌ	C V							•			
ACILITY	OR EXAMINER, AND A	DDR	ESS	<u>CII, /</u>		16. €	THI	ER INFOR	MATIO	N				· v
nn G	() 10 bc a.	*	6	~~~~~	a Solar of									
OF EXAM	INEE'S PRESENT HEAD	TH	Now	N WORDS. (Follows)	ow by description of	past i	histe	ory, if cor	mplain	t exists)		-		
OD														
OPV								[]	19. HAS	S ANY BL	OOD RELATION	(Pare	nt, brother	, sister, other)
	STATE OF HEA	LTH		I IE DEAD	CALISE OF DEATH	-	AG	E AT	OR	HUSBAN	D OR WIFE			RELATION(S)
				i DEAD.	SAUSE OF BEATTI	+	DE.	ATH	123	<u>۷</u>	<u> </u>		0111)	NEER HOR(S)
										\Diamond				
-/-/-						+			U	_				FATUE
42	600V			-		- -		. -	Δ					FATHER
112	(.)					+	,			-		POLIBI	E	
73	600D									- 				
110	C - `			-		+			۰	X	 			11 - a
47	(260)			-	,	+				\ <u>\</u>				FATHER
. //	C			+		- -			V	X	HAD ASTUMA		- 1	FATHER
						+			\sim	7		(Fits)		J-HIHEK
10-	6001					-				- Ş-				
				-		+				\				
ER HAD	OR HAVE YOU NOW (Place	e chec	k at left of each it										
			7			YES	NO	((Check	each i	tem) Y	ES NO	(0	heck each item)
ET FEVE	R, ERYSIPELAS	T	\overline{v}	GOITER		\dashv	V	TUMOR.	GROW	TH, CYS	, CANCER	V	"TRICK"	OR LOCKED KNEE
HERIA		\vdash	₩	TUBERCULOSIS		٦,	Ø	RUPTUR	E			1	FOOT TR	OUBLE
MATIC FE	VER	╁	Ŷ	SOAKING SWEATS		_	\nearrow	APPENDI	ICITIS			忟	NEURITIS	5
EN OR P	AINFUL JOINTS	1	K)	ASTHMA		_	V	PILES OF	R RECT	AL DISE	SE	攵	PARALYS	is (Inc. infantile)
s		1	\Diamond	SHORTNESS OF I	3REATH		$\langle \rangle$	FREQUE	NT OR	PAINFUL	URINATION	1	EPILEPSY	OR FITS
PING COL	JGH	1	X	PAIN OR PRESSU	RE IN CHEST	1	$\langle \cdot \rangle$	KIDNEY	STONE	OR BLO	D IN URINE	文	CAR, TRA	AIN, SEA, OR AIR SICKNE
ENT OR	SEVERE HEADACHE	Τ	V	CHRONIC COUGH	J	;	\(\frac{1}{2}\)	SUGAR C	OR ALB	UMIN IN	URINE	Τ̈́Ẍ	FREQUEN	T TROUBLE SLEEPING
ESS OR I	AINTING SPELLS	\top	Ŷ	PALPITATION OR	POUNDING HEART		X	BOILS				x	FREQUENT	OR TERRIFYING NIGHTMAR
ROUBLE		1	X	HIGH OR LOW E	LOOD PRESSURE	· VENEREAL DISEASE					1x	DEPRESS	ION OR EXCESSIVE WOR	
IOSE OR	THROAT TROUBLE		X	CRAMPS IN YOU	R LEGS		X	RECENT	GAIN C	R LOSS	OF WEIGHT	X	LOSS OF	MEMORY OR AMNESIA
NG EARS			X	FREQUENT INDIC	SESTION		X	ARTHRIT	TIS OR	RHEUMA	TISM	_X	BED WET	TING
NIC OR F	REQUENT COLDS	X		STOMACH, LIVER OF	RINTESTINAL TROUBLE		X	BONE, JO	O ,TNIC	R OTHER	DEFORMITY		NERVOU	S TROUBLE OF ANY SOR
E TOOT	OR GUM TROUBLE		X	GALL BLADDER TRO	UBLE OR GALL STONES		X	LAMENE	ss			X	ANY DRU	G OR NARCOTIC HABIT
TIS		X		JAUNDICE			X	LOSS OF	ARM, L	EG, FING	ER, OR TOE		EXCESSI	VE DRINKING HABIT
EVER			X	ANY REACTION TO S	SERUM, DRUG OR		<u>火</u>	PAINFUL C	OR "TRIC	CK" SHOUL	DER OR ELBOW	<u> </u> X	HOMOSE	XUAL TENDENCIES
VER (CI	neck each item)	-,				22.	FEM	ALES ONI	LY! A. I	AVE YO	J EVER-	в, сом	PLETE THE	FOLLOWING:
GLASSE	s		X	ATTEMPTED SUIC	CIDE			BEEN PR	REGNAN	IT			AGE AT	ONSET OF MENSTRUATION
AN ART	IFICIAL EYE	L	X				[HAD A V	AGINA	L DISCH	RGE		INTERVA	L BETWEEN PERIODS
HEARIN	G AIDS		1X	LIVED WITH ANYON TUBERCULOSIS	E WHO HAD			BEEN TRE	ATED FO	OR A FEMA	LE DISORDER		DURATIO	N OF PERIODS
ERED OF	R STAMMERED		X	COUGHED UP BL				HAD PAI	NFUL I	MENSTRU				LAST PERIOD
	E OR BACK SUPPORT	<u> </u>	X	BLED EXCESSIVELY TOOTH EXTRACTION	AFTER INJURY OR	\sqcup		HAD IRR	REGULA	R MENS	RUATION			RMAL EXCESSIVE SCA
	FIRE TOOTH THE SESS (NUMBER 1) VER AGE AGE AGE AGE AGE AGE AGE AGE	HIP, NICHO ESS (Number, street or RFD, UVELT ST, B. RACE 9. TO B. RACE 9. TO HIP 13. PLACE OF BIRTH 1913 NEW YO FACILITY OR EXAMINER, AND A WORK PRESENT HEAD OF EXAMINEE'S PRESENT HEAD OF HEAD OF EXAMINEE'S PRESENT HEAD OF EXAMINEE'S PRE	HIR NICHOL SS (Number, street or RFD, city VELT ST B. RACE 9. TOTAL MILITA TH 13. PLACE OF BIRTH 1913 NEW YOR CACILITY OR EXAMINER, AND ADDR CORY AGE STATE OF HEALTH BI FAIR TI FAIR H2 GOOD H5 GOOD LER HAD OR HAVE YOU NOW (Place (Check each item) YES ET FEVER, ERYSIPELAS HERIA MATIC FEVER LEN OR PAINFUL JOINTS S PING COUGH LESS OR FAINTING SPELLS ROUBLE ROUSE OR THROAT TROUBLE ING EARS NIC OR FREQUENT COLDS X TE TOOTH OR GUM TROUBLE TIS EVER VER (Check each item) GLASSES AN ARTIFICIAL EYE AN ARTIFICIAL EYE AN ARTIFICIAL EYE AN ARTIFICIAL EYE	HIA, NICHOLA ISS (Number, street or RFD, city or too UVELT ST. TEA B. RACE STOTAL YRS. MILITARY TH 13. PLACE OF BIRTH 1913 NEW YORK PACILITY OR EXAMINER, AND ADDRESS WARRE'S PRESENT HEALTHAN OWN OCCUPANTINE'S PRESENT HEALTHAN OWN OCCUPANTINE	ESS (Number, street or RFD, city or town, zone and State State of RFD, city or town, zone and State State of RFD, city or town, zone and State State of RFD, city or town, zone and State State of RFD, city or town, zone and State State of BIRTH IN IS, PLACE OF BIRTH IN IS,	SE (Number, street or RFD, city or town, zone and State) VELT ST, TENNECK D. RACE 9. TOTAL YRS, GOVT, SERVICE MILITARY CIVILIAN 13. PLACE OF BIRTH 14. MANIS, RELATE PACILITY OR EXAMINER, AND ADDRESS COPEXAMINEES PRESENT HEALTHAN OWN WORDS. (Follow by description of the company of t	SE (Number, street or RFD, city or town, zone and State) VELT ST, TENNECK N.J. RACE STOTAL YRS, GOVT, SERVICE MILITARY CIVILIAN SUILIBRY WILLIARY CIVILIAN SUILIBRY WILLIARY CIVILIAN SUILIBRY WAS ACKNOWN WORDS. (Follow by description of past of the state of the	SES (Number, street or RFD, city or town, zone and State) VELT TEANECK N.J. ARCE 9. TOTAL YRS. GOVT. SERVICE 10. DEPARTMENT, AGENCY, WILLIARY CHILLIARY CHILLIARY STATE OF EXAMINER, AND ADDRESS N. STATE OF HEALTH IF DEAD, CAUSE OF DEATH DEAD OF EXAMINEE'S PRESENT HEALTH OWN WORDS. (Follow by description of past hister of the past of the	SS (Number, street or RFD, city or town, zone and State) S. PURPO A. RACE S. TOTAL YRS. GOVT. SERVICE MILITARY CONTROL TH 13. PLACE OF BIRTH 13. PLACE OF BIRTH 13. PLACE OF BIRTH 13. PLACE OF BIRTH 14. MALIS. RELATIONSHIP, AND ADDRESS TH ACILITY OR EXAMINER, AND ADDRESS OF EXAMINER, AND ADDRESS OF EXAMINER S PRESENT HEALTHIN OWN WORDS. (Follow by description of past history, if control OF EXAMINER S PRESENT HEALTHIN OWN WORDS. (Follow by description of past history, if control OF EXAMINER S PRESENT HEALTHIN OWN WORDS. (Follow by description of past history, if control OF EXAMINER S PRESENT HEALTHIN OWN WORDS. (Follow by description of past history, if control AGE STATE OF HEALTH IF DEAD, CAUSE OF DEATH AGE AT DEATH AGE AT PLACE AGE STATE OF HEALTH IF DEAD, CAUSE OF DEATH AGE AT SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and State) SSS (Number, street or RFD, city or fown, zone and state) SSS (Number, street or RFD, city or fown, zone and state) SSS (Number, street or RFD, city or fown, zone and state) SSS (Number, street or RFD, city or fown, zone and	SES (NAMER, street or RED, city or fourn, zone and State) S. PURPOSE OF EXAMINER, SOUT, SERVICE N. J. ALLEY S. SOUT, SERVICE N. J. ALLEY S. SOUT, SERVICE N. J. HAME, RELATIONSHIP, AND ADDRESS OF NEXT CITY IN THE LIBERGRAMATION IT 13. PLACE OF BIRTH 14. HAME, RELATIONSHIP, AND ADDRESS OF NEXT CITY OF EXAMINER'S AND ADDRESS OF NEXT CITY OF EXAMINER'S PRESENT HEALTH'N OWN WORDS. (Follow by description of past history, if complaint exists) OF EXAMINES STRESSENT HEALTH'N OWN WORDS. (Follow by description of past history, if complaint exists) OF EXAMINES STRESSENT HEALTH'N OWN WORDS. (Follow by description of past history, if complaint exists) OF EXAMINES STRESSENT HEALTH'N OWN WORDS. (Follow by description of past history, if complaint exists) OF EXAMINES STRESSENT HEALTH'N OWN WORDS. (Follow by description of past history, if complaint exists) OF EXAMINES STRESSENT HEALTH'N OWN WORDS. (Follow by description of past history, if complaint exists) OF EXAMINES STRESS OF DEATH AGE STATE OF HEALTH IF DEAD, CAUSE OF DEATH AGE AT REP T I FAIR A GOOD WY A STREAM WY TUBERCULOSIS WATTER WORD LEGS WATTER WORLD LEGS WATTER WERE COUGHE WATTER CARAMYS IN YOUR LEGS WATTER WERE COUGHE WATTE	SS (Namber, street or RED, city or town, sone and State) VELT TENYECK N.J. ANALO 9' TOTAL YAS, GOVT. SERVICE 10. DEPARTMENT, AGENCY, OR SERVICE WILLTARY 11. BLALAIS, RELATIONSHIP, AND ARDRESS OF NEXTLOR KIN 19.13. PLACE OF BIRTH 11. BLALAIS, RELATIONSHIP, AND ARDRESS OF NEXTLOR KIN 19.13. PLACE OF BIRTH 19. HAS ANY BLOOD RELATION OR HISSAND OR WIFE PRACTICAL OF MARKET TO THE AGE AND ARDRESS OF NEXTLOR KIN 19. HAS ANY BLOOD RELATION OR HISSAND OR WIFE 19. HAS ANY BLOOD RELATION OR HISSAND OR WIFE NO. (Check e. 8.1 FAIR 7.1 FAIR HAD SYPHILLS HAD SYPHILLS HAD SYPHILLS HAD DIABETES HAD DIABETES HAD DIABETES HAD DIABETES HAD STORAL HAD HEART TI HAD HEART TI HAD HEART TI HAD FREEDAM HAD REPLACE AND HAD PRINCIPLE REPLACE OF MARKET HAD WIFE COMMITTED SERVING AND ARRESS OF BREATH TUBERCULOSIS SOURCES SYREATS (Night streets) SOURCES SYREATS SOURCES SYREATS SOURCES SYREATS (Night streets) PALIFITATION OR POINDOING HEART NIGHT OR SEVERE HEADACHE CHRONIC COUGH PALIFITATION OR POINDOING HEART NIGHT OR SEVERE HEADACHE CHRONIC COUGH PARTON TROUBLE HIGH OR LOW BLOOD PRESSURE CRAMPS IN YOUR LEGS THE COURT OR SERVING AND ARRESS OF WEIGHT NIGHT OR SEVERE HEADACHE CHRONIC COUGH PARTON TROUBLE HIGH OR LOW BLOOD PRESSURE CRAMPS IN YOUR LEGS THE COURT OR SERVING AND LEGS FINGER, OR TOE EVER CHRONIC COUGH ANY PREACTION TO SERVIN, DRUG OR PARTON TROUBLE NIGHT OR FREQUENT TOOLDS ANY PREACTION TO SERVIN, DRUG OR PARTON TROUBLE NIGHT OR SERVING OR ALLEGS FINGER, OR TOE EVER CHARLES ONLY; A. HAD VIGIGIOR BEEN PRICK. SOULDS BEEN RESONER. HAD A VIGINAL DISCHARGE VER CHARLES ONLY; A. HAD VIGINAL DISCHARGE VER CHARLES ONLY; A. HAD VIGINAL DISCHARGE PARTON TO SERVING OR ALLEGS FINGER, OR TOE EVER CHARLES ONLY; A. HAD VIGINAL DISCHARGE VER CHARLES ONLY; A. HAD VIGINAL DI	SS (Namber, street or REP), city or town, sone and State) SS (Namber, street or REP), city or town, sone and State) SS (Namber, street or REP), city or town, sone and State) RACE STOTAL YES, COVT. SERVICE II. DEPARTMENT, AGENCY, OR SERVICE HY-CHARLES OF HEATT III. SPLACE OF BIRTH III. SPLACE OF BIRT	SE (NAMEN, STREET OF REALT) SE (NAMEN, STREET OF REALT) RACE STOTAL FRE GOVT, STRINGE MILITARY CIVILIANS CIVILIAN	

... ENCLOSURA

YES	NO	· CHECK EACH ITEM YES OR NO. EV	/ERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	×	A, SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	of David Market
	\	B, INABILITY TO PERFORM CERTAIN MOTIONS	I was NEGLEE Flan geel
	一分	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	$\frac{1}{x}$	D. OTHER MEDICAL REASONS (If yes, give reasons)	2 nd Degree Flat feel Jamober - V.S. army - 194
	X	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	Statz infection
	X	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	State infection Diverticulation 1956.
	X	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	Diverticulation 1756.
	X	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
	X	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	·
	Х	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	火	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	•
	义	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	•
	氼	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	火	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
	X	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	X	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY (If yes, specify what kind, granted by whom, and what amount, when, why)	
I AU	THORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPP ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	LIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. D ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
NI	CHO	ED NAME OF EXAMINEE	SIGNATURE Nysician shall comment on all positive answers in items 20 thru 39)

30/000 MS

Hospitalized 3 weeks in 1956 for diverticulties

Had jaundice & yellow fever shot MS

21/ glasses few months for reading.

No pain from the planes

·				
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINE	PATE	SIGNATURE /		NUMBER OF ATTACHED
· N== = 0 174-1004	12A	CAR (IA		SHEETS
JOROME B- STRUBSON	47/W1-62	Jona Jona		
· · · · · · · · · · · · · · · · · · ·			di a de la constitución de la co	YING OFFICE LOSS C. CARRELL
Corrigion	•		U. S. GOVERNMENT PRIN	TING OFFICE: 1952—O-213344

MAY 7 1962

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examine (Type or print)	PURCHIA Last	NICHOLAS First	JOHN Middle
The following por	tions of the attached examinat	ion report form need not be	completed:
	2 3 4 9 11 14 17	62 65 67 68 69 72 76	
46. Is necessary	unless facilities for affording	same are not readily avail	lable.
48. Not required desirable.	unless examinee is over 35 ye	ars of age or examination i	indicates such is
49. Is necessary	unless facilities for affording	same are not readily avail	able.
71. Audiometer e	xaminations should be afforded	d whenever possible.	
	es, Whether Clerical or Special or should answer the following questi		
To be Answered	n the Case of All Male Employ	ees and Male Applicants:	
	e have any defects restricting ingerous assignments which mi		
	Yes If "yes" please specif	fy defects.	
☑ No □	e have any defects prohibiting Yes If "yes" please specifications are specificated as defective vision, should he	fy defects.	
	as defective vision, should he Yes No N.A.	wear corrective glasses w	hile operating a motor

	REC BesitoblishWeight	t Ranges for Males	
Height	Small Frame	Medium Frame	Large Frame
5′ 4″	MAY 110 - 8509 AM '6	123 - 135	131 - 148
5′ 5″	120 - 129	126 - 139	134 - 152
5′ 6″	124 - 133	130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5′8″	132 - 141	138 - 152	147 - 166
5′ 9″	136 - 146	142 - 156	151 - 170 ,
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6′	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6 ′ 4″	169 - 180	178 - 196	188210
6' 5"	174 - 185	182 - 202	192 - 216

3.	Examinee's frame is small medium	large
4.	Considering above weight table, the examinee's frame I consider his present weight Satisfactory	e, and other individual physical characteristics Excessive Deficient
5.	Under proper medical supervision, examinee should	losepounds
		gainpounds
Re	emarks:	
	,	$\alpha = \alpha$

(Signature of Medical Examiner)

(Ďate)

UNITED STATES GOVERNMENT

Memorandum

то	
----	--

FROM

Mr. Casper

TATE:	
DAIL.	

3/8/63

1019011
Belmont
Mohr
Casper
Callahan
Conrad
DeLoach
Evans
Gale
Rosen
Sullivan
Tavel
Trotter
Tele. Room
Holmes
Gandy

SUBJECT:

NICHOLAS J. PURCHIA

SPECIAL AGENT GS-13 @ \$12,600

IN-SERVICE CLASS #18 (ADVANCED SECURITY) ASSIGNED NEW YORK CITY

Confirming my telephone calk, this is to advise that Special Agent Nicholas J. Purchia assigned New York City, who arrived at Quantico last night with In-Service Class #18 (Advanced Security) was notified this morning that his sister Mrs. Victoria Eanni, New Windsor, New York, has died suddenly. He requested he be permitted to return home to assist in the funeral arrangements.

He was driven to the National Airport by SA where he caught a commuter plane to New York City at 9:25 a.m.

Agent Purchia's home address is 91 Blauvelt St., Teaneck, New Jersey.

SA Purchia has completed only four days of his ten days' In-Service

training.

RECOMMENDATIONS:

9 MAR 13 1963 nemo-be-forwarded-to-the-Administrati

l. It is recommended this memo-be-forwarded-to-the-Administrative Division in order that a letter of sympathy can be sent to Special Agent Purchia at his Teaneck address.

3-8-63

2. The New York Office should be notified of Purchia's return home, and they should be instructed to have Purchia report to the FBI Academy at Quantico, Va., Friday, March 22, to resume his training with the next Advanced Security In-Service class.

1 - Administrative Division

HLS:jms
(4)

Jack Jonehan Walled in Jonehan

10 3/ch

	. NAM . INST		ŊĒ	RCH (LAST) W	YOR		<i> \f</i>	CH (FIRST	1		3 / 7	OH 63	<i>M</i>	A B		0			6 9 11				7.		10, _		{	3			<u>v</u>	
DA 1 AUG 56		[72]	OR	OF.	FICI	AL		E 01	NLY	ite	2 84	teck	1,									P10	P9	P8	P7 []	P6 H H L H	P5	P4 H H L H	P3	P2 []	P1 []	PRACTICE
OO	いるのであった。	11	28 []	27 1 1 1 1	· 26 []	25	24	23 1 []	22	21	20 🕅 🖟 🐧	19	18 🖁 🖟 📗	17	16	ARMY	15 []	14 8 8 1	13	12 A T []	11	10 H H H I		8 1 1 1 1	7 1 1 1 17	. 68 8 6	5	4881	3 11 11	2		TEST
G OFFICE 16-	60 H H I I	59 []	58 []	57 A B []	56 A B []	55 A B C D	54 []	53	52 []	51	50	49	48	47	46	STANDARD ANSWE	45 []	44	43 A B C D	42	41 A B C D	40 []	39	38	37 H H []	36 H L]	35 []	34 []	33 8 8 6 1	32	31 8 8 8	
t	90 [=		87		ПП	1 1 1	83 []		H H C	80 H H []	H H	H H		76 A B []	ER SHEET	75 A B []	74	73	72 A B []	71 A B C B	70 H H L H	69	68	H H C´^ .	П	1 8	64	63 H L I	62		!
:	# #	H .	H H		H H	H H	П		<u>=</u>	A B	110 8 8 6 1	H Н	1 H	=	1 II II		105 []	H H		H H	H H	1 H	H H	1 II II	H	H H	H H	H H	H H	=	91 11 11 11 11 11 11 11 11 11 11 11 11 1	

(Field Office or Division) New York (Date) November 28, 1962

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C.

Dear Sir:

In continuing my employment in the Federal Bureau of Investigation, United States Department of Justice, I hereby agree that I will be governed by the following provisions.

- 1. That the strictly confidential character of any and all information secured by me or coming to my attention in connection, directly or indirectly, with my work as an employee of this Bureau, or the work of other employees of which I may become cognizant, is fully understood by me; and that neither during my tenure of service with the Federal Bureau of Investigation, nor at any time, will I violate this confidence nor will I divulge any information of any kind or character whatsoever that may become known to me to persons not officially entitled thereto, recognizing applicability to me of penalty provisions in case of any violation by me.
- 2. That information referred to in Item 1 above includes but is by no means limited to information in the interests of the defense of the United States marked "Top Secret," "Secret," or "Confidential," and that Department of Justice regulations provide specifically for penalty applicable to me for any violation of Executive Order 10501, the basic authority for safeguarding such information, as follows: "Any officer or employee who violates any provision of Executive Order No. 10501, as amended, or of these regulations shall be subject to appropriate disciplinary action. Prompt and stringent administrative action shall be taken against any officer or employee determined to have been knowingly responsible for any release or disclosure of classified defense information or material except in the manner authorized by these regulations. Whenever a violation of criminal statutes may be involved in a deliberate unauthorized release or disclosure of classified defense information, criminal prosecution, in an appropriate case, shall also be instituted."

I further certify that the conditions specified herein are agreeable to me, and that I continue as an employee of the Federal Bureau of Investigation with a full knowledge of the conditions above set forth.

Very truly yours,

(Signature and Pittle of Position NICHOLAS J. PURCHIA

67-NOT PECORDED
7 JAN 18 1963

3/zin



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

SEP 24 1962

In Reply, Please Refer to File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS T. PURCHIA
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name (primary beneficiary)	Relationship	Date
	WIFE	9-14-62
Address		
91 BLAUVELT STREET, TEA	ANECK, N.J.	
Name (contingent beneficiary, if desired)	Relationship	Date
		b6
Address		, b70
The following person is designated as my beneficial beneficiary of agents killed in the line of duty, other than t		oviding \$1500 death benefit to
Name (primary beneficiary)	Relationship	Date
	WIFE	9-14-62
Address		
91BLAUVELT STREET, TEAK	YECK. Y. J.	
Name (contingent beneficiary, if desired)	Relationship	Date
•		
Address	-15.E	Section of the sectio
	777	
a -	Very truly yo	urs
<i>O</i>) .	()	
	M. Shot	m J () uschea
I Will will acce	Special Agen	it (
the second of	-	Pas J. Duschea 30mme

FD-253 (Rev. 3-28-60)



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No. WASHINGTON 25, D. C.

JUL 24 1962

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS J. PURCHIA (Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name	Relationship WIFE	Date 7/19/6 2
91BLAUVELT STREET, TE	ANECK, M. J.	
The following person is designated as my benefici beneficiary of agents killed in the line of duty, other than trav		roviding \$1500 death benefit to
Name	Relationship W/FE	Date 7/19/62
Address 918LAUVELT STREET, TE	ANECK, N.J.	
67-NOT RECORDED 10 AUG 28 1962	Very truly yours,	-1 X)
	\sim 1. 1. 1. ϵ	



PAST SAFE DRIVING RECORD CERTIFICATION

NAME OF OPE	RATOR (PRINT - LAST, FIRST, MIDDLE INITIAL)			DATE
2	PURCHIA, NICHOLAS J.		- wi	1-11-6=
11	D SECTION ASSIGNED	PC	SITION TITLE	
	41 - NEW Y ORK	1	SPECIAL AGENT	a
THIS IS TO DRIVER'S LI	CERTIFY THAT I PRESENTLY 🔼 HOLD 🗌 DO NO	OT HOLD A VA	7	R'S PERMIT OR
PERMIT ISSU	IED DV.	T pe	RMIT NUMBER	Incour success
(STATE, TER			2589747	PERMIT EXPIRE
POSSESSION	, DISTRICT)	6	509141	1.2/64
ALLY OWNED	(STRIKE OUT ONE) ER CERTIFIES THAT DURING THE PAST THREE YEARS I) APPROXIMATELY 30000 MILES. DURING TH DLATION TICKET; (B) I 1 HAVE 12 HAVE NOT B N A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, FFENSES.	HIS TIME (A BEEN HELD AT	I THAVE X HAVE N FAULT AS THE DRIVER OF A	OT RECEIVED A . MOTOR VEHICLE
IS CONCE	LT" MEANS ANY CASE IN WHICH RESPONSIBILITY EDED BY EMPLOYEE OR HIS INSURANCE COMPANY LITY IS FIXED BY DULY CONSTITUTED AUTHORITY.	· \	cholas J. Su SIGNATURE OF OPERATO	rchea
Ц				
NAME OF REV	VIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDL	LE INITIAL)	POSITION TITLE	DATE
MARCE	HESSAULT, WARREN		SUPERVISOR	5-11-
THE PERSON	NEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED A OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING	AND REFLECTS THE PAST TH	THE FOLLOWING INFORMATIO	
	CONTINUOUS SAFE DRIVING RECORD			
	INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAI	ULT **		
I CERTIFY T	THAT THIS EMPLOYEE IS:			
	QUALIFIED ON THE BASIS OF HIS SAFE DRIVING REOUTED OFFICIAL BUSINESS.	ECORD TO OP	ERATE MOTOR VEHICLES ON	
	NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALI A ROAD TEST EXAMINATION BEFORE OPERATING A MO			
REMARKS:		,		
E canada de la can	2 MAY 24 15 6	,		3/6,
	LT" MEANS ANY CASE IN WHICH THE BUREAU HAS ISCIPLINARY ADMINISTRATIVE ACTION AGAINST	Wa	rec March (SIGNATURE OF REVIEWING OF	lessault FFICIALI

;	Agency and organizational designations								2. Payroll period		3. Block No.		4. Slip No.	
,	5. Employee's no	ame (and social	security accour	t number when	appropriate)				6. Grade	and so	olary			
- ·	#10510	m.	NICHOL	as J.	PURCHI	ľÅ.	SA		GS	13	ė	511.6	75	
						YROLL CHA		I				,	• •	
	BASE PAY	OVERTIME	ĺ	GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE	TAX	GROUP LIFE INS.			NET P
Previous normal						100					LIFE 1140.			
. New normal														
. Pay this period														
). Remarks:						<u></u>	<u> </u>	1	1. Approp	riation	(5)		12. Prepo	red by
								1						
													13. Audit	ed by
													13. Audit	ed by
	Periodic str	un-increase	Pay adjustment	Other e	ton intragra	- Alleria							13. Audit	ed by
	14. Effective	15. Date las		16. Old salary		salary 18. F	Performance ro	ating is satis	factory or I	petter.			13. Audit	ed by
	14. Effective date	15. Date las increase	st equivalent 1	16. Old salary rate	17. New rate		°erformance ro	ating is satis	factory or l	petter.			13. Audit	ed by
	14. Effective date	15. Date las increase	st equivalent 1 e	16. Old salary rate	17. New rate		erformance ro	ating is satis		٠,	or other out		100	ed by
,	14. Effective date 9-2-62 19. LWOP date	15. Date las increase	st equivalent le	16. Old salary rate	17. New rate	175	ORT!		(Sign	nature plicabl	or other out	of excess	LWOP)	ed by
	14. Effective date 19. LWOP date during folio Period(s):	15. Date las increase	st equivalent e	16. Old salary rate	17. New rate		ORT!		(Sign	nature plicable y status		of excess l aiting perio	LWOP)	

12,01

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

b6 b7C

Name of Employce:	NICHOLAS J. OPURCHIA	A #10510	·C
Where Assigned:	NEW YORK (Division)	INTERNAL SECUR (Section, Unit)	ITY
Official Position Title	SPECIAL AGENT	GS-13	
Rating Period: from _	APRIL 1, 1962	MARCH 31, 1963	
ADJECTIVE RATING:	EXCELLENT Outstanding, Excellent	, Satisfactory, Unsatisfactory	Employee's Initials
Rated by: WARREN MARCHESSAU Reviewed by: JOHN F. MALCINE Rating Approved by:	en Marchero and LT Signature Signature Signature Signature	SUPERVISOR ASSISTANT DIRECTOR IN CHARGE Title Assistant Director Title	3/31/63 Date 3/31/63 Date APR 4 1963
MAPR 8 1963	TYPE OF R (XX) Official (XX) Annual	Searched Nur	7-97 abered 75 1963

NARRATIVE COMMENTS

Note:

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIA	Title SPECIAL AGENT • GS-13
	Rating Period: from 4/1/62 to 3/31/63
Outstanding (exceeding excellent and deserving of special commendation Excellent. Satisfactory (good or very good). Unsatisfactory. No opportunity to appraise performance during rating period. Guide for determining adjective rating: 1. "Outstanding" adjective rating requires (A) that all rated elements be "+" and	ND CHECK-LIST e should be rated. All employees in same salary grade shoul ^d be compared. n).
reverse of Form FD-185. 2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon mechanical formulas; however, for an employee to be rated "Excellent" he must guide and check-list and must be rated "Excellent" or "Outstanding" on the nadjective rating is reasonable in the light of elements rated. A. Any element rated "Unsatisfactory" must be supported by narrative comme B. An "official" adjective rating of "Unsatisfactory" must comply with the requirements.	st not be rated unsatisfactory on any performance evaluation factors on the rating majority of such rating factors. Good judgment must be exercised to insure that
(1) Personal appearance. (2) Personality and effectiveness of his personal contacts. (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). (4) Physical fitness (including health, energy, stamina). (5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required. (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. (8) Initiative and the taking of appropriate action on own responsibility. (9) Planning ability and its application to the work. (10) Accuracy and attention to pertinent detail. (11) Industry, including energetic, consistent application to duties. (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. (14) Technical or mechanical skills. (15) Investigative ability and results: (a) Internal security cases (b) Criminal or general investigative cases (c) Fugitive cases (d) Applicant cases (e) Accounting cases	(17) Firearms ability. (18) Development of informants and sources of information. (19) Reporting ability: (a) Investigative reports (b) Summary reports (c) Memos, letters, wires (Consider: —conciseness; —clarity; —organization; —thoroughness; —accuracy; —adecluacy and pertinency of leads; —administrative detail.) (20) Performance as a witness. (21) Executive ability: (a) Leadership (b) Ability to handle personnel (c) Planning (d) Making decisions (e) Assignment of work (f) Training subordinates (g) Devising procedures (h) Emotional stability (i) Promoting high morale (j) Getting results (22) Ability on raids and dangerous assignments: (23) Organizational interest, such as making of suggestions for improvement. (24) Ability to work under pressure. (25) Miscellaneous. Specify and rate: — Dictation ability — Dictation ability — Dictation ability — Dictation ability
(16) Physical surveillance ability. A. Specify general nature of assignment during most of rating period (such as	s security, criminal, applicant squad, or as Resident Agent, sur ervisor, instruc-
tor, etc.):SECURITY	
B. Specify employee's most noteworthy special talents (such as investigator, des INVESTIGA.	TOR
 C. (1) Is employee available for general assignment wherever needs of service (2) Is employee available for special assignment wherever needs of service 	require? Yes(If answer is not "yes," explain in narrative con
 D. 1. Has employee had an abnormal sick leave record during rating period? I for illness) during rating period than the amount of sick leave earned durartive comments.) E. Is employee qualified to operate a motor vehicle incidental to his official duration if answer is "yes," personnel file must reflect the following: (a) Has 	ties? XXX Yes No s valid State or local operator's license for type vehicle he it to use. (b) Is
physically fit to drive. (c) Past safe driving record OK or has passed E ADJECTIVE RATING: Outstanding, Excellent, Satisfactory, Unsa	EMPLOYEE'S INITIALS 7

GS-13

NICHOLAS J. PURCHIA Special Agent \$12,610

ANNUAL PERFORMANCE RATING March 31, 1963

PART I

GENERAL COMMENTS

Special Agent Nicholas J. Purchia is of average height and build. He dresses in a neat manner and presents a well groomed appearance. He has a likeable personality and gets along well with his fellow employees.

Agent Purchia has been assigned cases involving investigation of Communist front organizations during the rating period. He has shown an exceptional amount of initiative, resourcefulness, force and aggressiveness in the handling of these assignments. He is very enthusiastic and a hard worker. He is the type of agent who constantly applies himself to the best of his ability in any given situation. He readily accepts responsibility and discharges such with no supervision required. He is capable of handling the most complicated investigative matters and produces excellent results. The quality and quantity of the work handled by this agent have always been very high. He is capable of participating in raids and dangerous assignments.

RATING: EXCELLENT



PART II SPECIFIC COMMENTS l. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN: NA 2. EXPERIENCE AND ABILITY AS AN INSPECTOR'S AIDE: NΑ 3. PARTICIPATION IN INFORMANT PROGRAM: This agent assisted another agent in connection with the development of one informant. Further, he has turned over several names to agents working full time on the informant development program in an effort to develop additional informants. TESTIFYING EXPERIENCE AND ABILITY: None during rating period 5. DISCIPLINARY ACTION: NONE ACCOUNTING INFORMATION: 6. NA POLICE INSTRUCTION: NA 7. 8. SOUND TRAINING: NA RESIDENT AGENTS: 9'. NA lO. FOREIGN LANGUAGE ABILITY: NONE ADMINISTRATIVE ADVANCEMENT: 11.

Is agent interested in administrative

es 3 10 53 M '63

advancement?

i ma

MAN

NO

SAC New York City	Apr	:11 2, 1963	
Director, FBI		•	
Nicholas J. Purchia		4.	,
SPECIAL AGENT		•	
		·	
The above-captioned Special	Agent attended the	e following trai	ning cour
In-Service: from $\frac{3/4/63}{3/22/63}$	to	3/7/63 3/29/63	
Criminal	Accounting	g	
X Security	ExpertEi	rearms-Defens	ive Tacti
Basic	Land Dispose L	touring percing	ive racti
Advanced		v2_	
	3		•
The firearms scores should training record (FD-40). The foll Notebook ———————————————————————————————————	owing grades wer	he individual fice attained.	eld fireai
training record (FD-40). The foll	owing grades wer	he individual fice attained.	eld firea
training record (FD-40). The foll Notebook ———————————————————————————————————	owing grades wer	he individual fice attained.	eld firea
training record (FD-40). The foll Notebook ———————————————————————————————————	owing grades wer	ce attained.	eld firea
Notebook Examination Shotgun Course #2 Rifle Machine Gun Specialized Training:	owing grades wer	he individual fice attained.	eld firear
Notebook ———————————————————————————————————	owing grades wer	ce attained.	eld firea
Notebook Examination Shotgun Course #2 Rifle Machine Gun Specialized Training:	owing grades wer	ce attained.	eld firea
Notebook Examination Shotgun Course #2 Rifle Machine Gun Specialized Training:	owing grades wer	ce attained.	eld firea
Notebook Examination Shotgun Course #2 Rifle Machine Gun Specialized Training:	owing grades were 12/25 84 94 From	To	eld firea
Notebook Examination Shotgun Course #2 Rifle Machine Gun Specialized Training: Admin. Firearms:	owing grades were 12/25 84 94 From	To	eld firear
Notebook Examination Shotgun Course #2 Rifle Machine Gun Specialized Training: Admin. Firearms:	owing grades were 12/25 84 94 From	To	eld fireai
Notebook Examination Shotgun Course #2 Rifle Machine Gun Specialized Training: Admin. Firearms:	owing grades were 12/25 84 94 From	To	eld firea

March 8, 1963

Mr. Nicholas J. Purchia 91 Blouvelt Street Teaneck, New Jersey

Dear Mr. Purchia:

I am sorry to learn of the passing of your sister, and want to express my sincere sympathy to you and your family.

It is my earnest hope that you will findsome solace in knowing that your friends and associates in the FBI are thinking of you.

Please do not hesitate to call on me if there is any way that I can be of assistance.

Sincerely,

J. Edgar Hoover

1.	MAILED 20	1 - SAC Ne	w York (Pers	onal Aftentic	in)	The state of the state of		1. 1. 1.
4	MAR 8 1963							
,	MAR 8 1963	M SAP	archia return	ed to his hor	ne 3-8-63 c	lue to the di	eath of his	3
散行	COMM-FBI	sister. Mrs.	Victoria Ear	mi. Instruc	t Purchia te	report to	the FRI	and the second
		_ #		A-1				
	S Liver	Academy at	Quantico, Vir	ginia, Frida	ly, 3-22-03	, to resum	e nis trair	ung
	MAR A	Withothe next	Advanced Se	curify In_So	pacin chira	in the system to		. 7
1	U. Tarana and A. Carana	Francisco Day	Mayancea ne	corned Tit-De	r Arce crupp.			(15)
	-	363						a
		1 - SAC. Qu	antico (Perso	nal Attention	i)	100		
	· · · · · · · · · · · · · · · · · · ·					No Comment		
~	1/10 -		per (Persona	(Arrenrion)			3.4.3	
Tol	BEC.D F	april 1.					-	
1	lmont	The Company						
*	hr	CMB M			e se		0 %	
Cas	sper 1	(6) WI			\$.00468 D			A- X
Cal	llahan	(0)	• ***		Men O	2 55/16	1.30 · ·	6/4
	nrad	ne -		, 4 · · · · · · · · · · · · · · · · · ·	, ** , 0	The state of the s	7 (2)	1.125
	Loach		- · .:	-i				
- (ans,	17/2		*		F' 13/T'		
	le	₩- J	· /	N. 1. 18 18	1 Jugar	to the state of th		
	sen livan	WAY	m n man man) James	OCCUSION OF THE PROPERTY OF TH	Wen Jinect'n	5 c//	7
	vel	allow	代主新的語法。		3.1		~~~~	. 5
	otter	gur.	a sandia	130	- :		\mathcal{N}	· .
	le. Room				. J	٠	: /	
	lmes							
	ndy	MAIL ROOMTEL	ÉTYPE UNIT					

Bureau of the Budget Circular A-32 (Ev.)	REPO	RT OF MEDICAL	EXAMINATI	ON	· •	83-104-01
. IL LAST NAME-FIRST NAME-MIDDLE	NAME	*	2. GRADE AND COMPO	NENT OR POSITION	3. IDENTIFICATIO	N NO
TURCHIM NIC	HOLAS	OHN "	·- ·	· ·		-
4. HOME ADDRESS (Number, street or	RFD, city or town, zone	and State)	5. PURPOSE OF EXAM	INATION	6. DATE OF EXA	MINATION
				44.) 3.4	11. 0	6.72
TIBLAUVELT ST	TEANE	CK, M.J.	, 12 m		1 7-9	-60
7. SEX 8. RACE		S GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UN	π	* -> ¹
M. W	MILITARY	CIVILIAN	TE Pare			
12. DATE OF BIRTH 13. PLACE	OF BIRTH	- N	14, NAME, RELATIONS	HIP. AND ADDRESS OF NE	XT OF KIN	
~ 1	ر در این از در					``-
8/28113 NE	WYORK	CITY		ALL STREET		1, 5
15: EXAMINING FACILITY OF EXAMINER	AND ADDRESS		16. OTHER INFORMAT	ON		
	11.5 Army	Hisp tal	· Marchay	*******		
17. RATING OR SPECIALTY	1.5. frmy 1.	VARIE N. V.	TIME IN THIS CAPACITY	(Total)	LAST SIX MONTHS	S , 7
	in Cay not	yo 7.	minutes acrespen	Charling and American	±	metalener -
CLINICAL EVALUAT	TION	NOTES. (Describe ever	y abnormality in det	ail. Enter pertinent	item number l	ofore each
NOR- (Check each item in appr -MAL umn; enter "NE" it not	opriate col- ABNOR- evaluated.) MAL	comment.	Continue in item 73 a	nd use ndditional she	ets if necessary.)
18. HEAD, FACE, NECK AND SC		,		•	•	
19. NOSE		,			S 25	1 1
20. SINUSES		•			•	1 2-15
21. MOUTH AND THROAT	, ,		•	70	*-	- L. V.
22, EARS-GENERAL (Int. & ext.	canals) (Auditory			· · · · · · · · · · · · · · · · · · ·	, * `,	* , a -
23. DRUMS (Perforation)	, , , , , , , , , , , , , , , , , , , ,			*		
24. EYES—GENERAL (Visual acut	ity and refraction	,		٧		, fee
. 25. OPHTHALMOSCOPIC	401 10 GHZ (77)			3		
26. PUPILS (Equality and react	ion),	,			*	1 1
27. QCULAR MOTILITY (Associate ments, ny	d parallel more-	,	•			1
28. LUNGS AND CHEST (Include		-		, , , , , , , , , , , , , , , , , , ,		10
29. HEART (Thrust, size, 7hyth)	n, sounds)	() 1 8 -	1 21/2	The c√2	, n	r dia di
30. VASCULAR SYSTEM (Varico		63 mg 10	it exam.	105° s /	118	- Care 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
31. ABDOMEN AND VISCERA (In		1/2/1	Land on	wester him	ilapse.	\ √ \>
32. ANUS AND RECTUM (Hemore.		honge	y co. The			
33. ENDOCRINE SYSTEM	, if indicaled)		•			
34.9 G-U SYSTEM		£ ,		t 1		
35. UPPER EXTREMITIES (Streng malion	th, range of		e		* .	
36. FEET	<u>'</u> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Part of		Let NS		ر ا پرست
37. LOWER EXTREMITIES (Exceptional Strength	t feet)	136/160 /lan	ins I, M	Lay y		,
38. SPINE, OTHER MUSCULOSKE			- *		= 08	>
39. IDENTIFYING BODY MARKS.			ES G	111379	7-7-0	
40. SKIN, LYMPHATICS	, , , , , , , , , , , , , , , , , , ,	A) Eller			Marabeten t,	67
41. NEUROLOGIC (Equilibrium te	ele under item 72)	A MINITOR	JURHII Se	arched 2 JUN	4 19634	
42. PSYCHIATRIC (Specify any per			-1.5°C2131910.01	\$ Jun		Marie
43. PELVIC (Females only) (Chi		REC-13	7.	And the second second	Jan E	S - 19
		ILLO =-		~	TAD.	
44. DENTAL (Place appropriate symbols	NAL RECTAL	Columns and Joseph south sound		e in item 73)	Approval new	FA)
O-Restorable teeth	, ,		ctvery.) (6 XB)—Fixed bridge, brac.	DEFECTS AND	D ADDITIONAL DENT DISEASES	, AL , _ , _ , _ , _ ,
1-Noprestorable teeth	$\frac{X-Missing}{XXX-Replace}$	d by dentures	include abutmer		entes :	
R X Y	(a)	*	XXXX	DA	Comment . " " "	
G 32 / 31 30 29 28) (6) (7) 8:	9 10 11 12		E D		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	3 27 26 25	24 23 22 21	(20 T9 18)	T F Cede	s. proces	
		-		S Cl		
AP NOME - Appendix		LABORATORY FIN				· · · · · · · · · · · · · · · · · · ·
45. URINALYSIS: A. SPECIFIC GRAVITY	1021	, ,	46 CHEST X-RATY	lace, date, film yumber a	nd result)	
B. ALBUMIN TICE S	D. MICROSCOPI		100991	new.		
Ç. SUGAR	N 19 18	3 140 m	100			
17. SEROLOGY (Specify test-used and re	ABSEKG	49. BLOOD TYPE AND RH	50. OTHER TESTS	#		,
· NAW JUN -	~ W/V	14 -	.			
711					· · · · · · · · · · · · · · · · · · ·	·
1 (l) l	•				<i>7.</i>	in the second
0					,	

<u>.</u>		,	 ;	M	FASURE	MENTS	AND O	THER	FINDING	S						· · · · · · · · ·	-	
51. HEIGHT	52. WEIGHT	53. CC	LOR HAI			OR EYES		5. BUILD		<u> </u>						56. TEN	PERATU	RE ,
6811	1661	1	? GCL)#	1:	1	S. F. L. Sec.	1	☐ SLE	NDER	MEDII	им. {	THEAV	Y . 🗆	OBEŠE	. ,	10	6	, ¹ 5
57. BLO	OD PRESSURE (Ar					58.		, ,		PU	ĽSE (A	irm at he	eart level	1)			£ .	
A. SYS./4()		YS.	c,		'S.	A. SI	TTING	a ^e B	. AFTER E		C. 2 N	MIN AFT	ER I	D. RECI	UMBENT	E. AFT	R STÁND	DING
, SITTING DIAS.	RECUM- BENT D	IAS,	STANDI (3 mir	i.) DI	AS,	- 1	8		المطيع	<u>*</u>	2	1						· .
59. Dis	TANT VISION	<u>, , , , , , , , , , , , , , , , , , , </u>	60.			REFRACT	TION				61.				R VISION	l ~	· ·	
RIGHT 20/	CORR. TO 20/	1	ΒY		S,			0				12	CORR. T	o .		βY		1.73
LEFT 20/ 723	CORR. TO 20/	4	BY		` `S.			0)	<u> </u>		13	3	CORR, T	o.,	51	BY	+01	75
62. HETEROPHORIA (Sp	ecify distance)	201	٠.					-	•		,		4	*	•	• •		1.47
ES	EX°	R. H	•	. 1	L. H	ļ.	PRISM D	OIV.		PRISM	CONV.		•		PC	* 4"	PD	
0	0				<u>o </u>	<u> </u>								· · · · · · · · · · · · · · · · · · ·		- 4		
	MMODATION	San San San San San	64. COL	OR VISI.	ON (Test	usea an	d result)					RCEPTIO Land sc		-	JNCORRE			
	LEFT	······································	67 110	17 VISI	ON (Test	· A		A Sand Sand	Section and	68, RE	DIENS	TEST		[CORRECT		TENSIO	N
66. FIELD OF VISION			Or. NIG	iti visi	011 (2 CS E	used you	2 3(0) 6)			100, 112	D ELMS	, , ,	3	١			روارد) دار میرسید	
70. HEA	ARING.	· · · · · · · · · · · · · · · · · · ·	71.		<u></u>		AUDIOME	TED		1		72 PS	ACHO! O	GICAL A	ND PSYC	НОМОТ	DR.	-,,,
- 10. E HEA	ining.	,	171.	` 	1 7	T	1	 		<u>-</u> -	,	(T	ests use	d and	score)	.;		$\mu \in$
RIGHTWV	/ış sv	/15		250 258	500 612	1000 1024	2000	3000 2896	4000 4096	6000 6144	8000 8192	. "					1	4 400
	₹		RIGHT	10	+0	10	10	- 10	10		20	1		*	•		•	
LEFT WV	115 SV	/15	LEFT	10	#5"	5	5	1	25	Part	10	1 .	,		•	-, -,	-	* ,
73. NOTES (Continued)	AND SIGNIFICANT	OR INTERV		RY		132		· .				L			1, 4	· · · · ·	٠.	, ²⁴ ,
	,	•	* .	ه		-		•			,							
					_		,				-			,			, .	
	- 41	*.								,							. ~	
		•		,				•										
The state of the s	•	L	٠	· ·			,		4						~	٠,		ا . ا در
en grand de la companya de la compan		-	•		e.					,		ı		.*				
e de la companya de La companya de la co			• .	٠.	٠	1			:						•	, 4 , 4		
	1 2	,	d.	-			3		`					,	t		1, 4,	47
		N.		TI.	-	•	•			.,	*	:	, ,	. • •	*	٠,		٠
		•	,		·	·		*	•				٦		*		T & "	
	e de la companya de La companya de la co				-		* 194	. *	, •	,		. ,		,			. · ·	4
	· · · · · · · · · · · · · · · · · · ·						na l s heet	a if neces	82TY)·					****				
.74 SUMMARY OF DEFI	ECTS AND DIAGNOS	SES (List dia	gnoses u	ith Hen	ı number	**)						- •	,		**	,3		
F 1 3 3 1	,			1 . "			*						٠.				** **	
	alo,	1	3+	. *	,	•		~					,			· . ,		۹ ,
	N->1	7			•		· ·					•	٠	, .			-1 \ <u>-</u> 24	
			٠			ij		, -		, ,					. "	d		-
			•	=						` ,		,				J.		نه ر د
75. RECOMMENDATION	S-FURTHER SPEC	IALIST FYAN	INATION	S INDICA	TED (Sn	ecifu)	·					76.		A. PH	YSICAL	PROFILE		-,-
*** SECOMMENDATION	- Constitution arec	WILLIAM BANM		,	,, as top	<i>191</i>						P	J · U		L .	H	E :	s
	and the same of the same		4	•	, , , , , , ,		*.		•			-	+	1				
JT. EXAMINEE (Check)	72	******		والرسوسي ،			7.07	-				 	<u></u>			 -		
A. Z IS QUALIFIED FO)R' '	1	-1.	الله	(AC	CEPI	ABL	<u> </u>						B, PHY	SICAL C	ATEGORY	,	
B. 🔲 IS NOT QU					٠			,						7	7		,	
78. IF NOT QUALIFIED.	LIST DISQUALIFY	ING DEFECTS	BY ITEN	NUMBI	ER	·	,					A	. T	8	ì.	c ·	7	E.
7 3							-		. ,			1		,	.		-	• ; ; ;
79. TYPED OR PRINTED	NAME OF PHYSIC	IAN	٠.,					SI	GNATURE					., ,		` `	,	
				•	•				1,	/ h			*	*	: 1		3	-
CO. TYPED OR PRINTED	NAME OF PHYSIC	IAN		*				SI	GNATURE	11	7.		ļi .	1/-			•	;
ે. કેંગ્રુ પ્ર . કલ	CHENKER,	m.w. " '	•			•	•	1,	71	[][J.	M	1 Al		[]			
BI. TYPED OR PRINTED		T OR PHYSIC	IAN (Ind	icate wh	ich)		,,,,,,,,,,	SI	GAATUAE.		-			1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A 20%	0	
N. **		-					•		~ C	LE		164	A.B	1			11	A
82. TYPED OR PRINTED	NAME OF REVIEW	ING OFFICER	PE	ROVING	AUTHORI	TY ·		SI	GNATURE			-	7	400		NUMB	ER OF A	T. 1
, and the second				•							Ż		¥	<i>*</i>	- 4	INCH	O SUEE!	(J
			······································									U	\$, GOVER	MMENT P	หเท่รีเหต	OFFICE: 1	60	10014

		(50) S	9				ı						*			′ .>	
Bu	المنتخب المنطقة	BUDG	er E. Tus follow THIS	İNFI	ORN	A	REPORT OF MED						ED PER	conc	4	• • •	89-103
1.3	がど	RCH	AME-MIDDLE NAM	/E			DLAS JOH						ENT OR POSI			3. 1	DENTIFICATION NO.
4. RC	ME ADD		mber, street or RF.	D, c	ity	or to	wn, zone and State)			5. PUF	RPOSE OF	EXAMIN	ATION			6. D	ATE OF EXAMINATION
_	_							,			2		,				ſ,
<u>91</u>	BL	AUV	ELT S	1			EANECH, MOTAL YEARS GOVERNMENT SERVICE	. <	J	1	MY	107	1			ي	4/9/63
7. SE	×	8.	RACE							10. AG	ENCY		11. ORGANI	ZAT	ON	TINU	
	1.34	6 N	1.W . 1.º	ച .		Ņūri	TRY S CIVILIAN 6	/2	2	1	BI			-			
12. DA	TE OF B	IRTH	13. PLACE OF	BIR	TH					14. NA	ME, REL	ATIONSH	IP, AND ADDR	ESS	OF I	EXT OF K	IN
\mathcal{O}	1	i	11.7	- ,	. /	٠,	10011 C -	,				-		,			
0/	281	13	1796	V	<u> </u>		ORK CITY										"4"
15. EX		FACILITY	OR EXAMINER, AN	D AD	DRI	ESS				16. OT	HER INFO	ORMATIC	N				
<u>+</u>	<u>Z-</u> >	JAY	- US AI	RY	<u> </u>	7	MOSPITAL N WORDS. (Follow by description of a						-				
17. 51	AIEMEN	I OF EXAM	GOOD	EALT	H II	4 OW	N WORDS. (Follow by description of a	pas	t his	tory, if c	omplain	t exists)					ť.
			(V)									3	8 . · ? •	,			
													* * /-				
																	·
18. FA	AMILY H	ISTORY									19. HA	S ANY BL HUSBAN	OOD RELATION OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH	ON (Pare	nt, brothe	r, sister, other)
RE	LATION	AGE	STATE OF H	HEAL	тн		IF DEAD, CAUSE OF DEATH			GE AT EATH	YES	NO	(Check	eac	h i	tem)	RELATION(S)
FATH		82	FAIR										HAD TUBER	CUL	SIS		
MOTI		72	FAIR										HAD SYPHII	LIS			
SPOU	ISE	40	GOOD					_			1		HAD DIABET	ES			FATHER
								_				~	HAD CANCE	R			
	THERS .	-47	Good									~	HAD KIDNE	Y TR	OUB	LE	
	ND											1	HAD HEART	TRO	UBL	E	
SIS	TERS -	<u> </u>					RHEUMATIC HEAR	7	ی	5/_	1		HAD STOMA	CH 1	ROL	IBLE	FATHER
			ļ					_				1	HAD RHEUM		-	-	
CHILI								_	_		-		HAD ASTHA HIVES				FATHER
119		14						_					HAD EPILEP				
Mic	:H4E	4/2	GOOD					_	_			1	COMMITTED		CIDE		
70						 -						V	BEEN INSAN	E			
			k each item)			_	k at left of each item)	vec	lua		/O1 1		4	lvro	luo.	T	76 - 1 1 - 1 - 1
YES N		<u> </u>	R, ERYSIPELAS		E.5	МО	(Check each item)	YES	NO		(Check			YES	МО		Check each item)
		HTHERIA	A, ENTSIFEEAS			~				RUPTL		IH, CYS	r, cancer	 	1		OR LOCKED KNEE
		UMATIC F	FVFR	-	_	-	TUBERCULOSIS SOAKING SWEATS (Night sweats)	_	,	APPEN			···	⊢	4	FOOT TR	
	<u> </u>		PAINFUL JOINTS	-	_	4	(Night sweats) ASTHMA	_	2	-	OR RECT	AI DISE/	er	├	î	<u> </u>	SIS (Inc. infantile)
,	MUN			\dashv	-	"	SHORTNESS OF BREATH		-	 			URINATION	├	با	<u> </u>	Y OR FITS
1		SPING CO	UGH	\dashv	-	"	PAIN OR PRESSURE IN CHEST	_	1	<u> </u>			D IN URINE	├	~	<u> </u>	AIN, SEA, OR AIR SICKNESS
-	. 		SEVERE HEADACHE	_	-		CHRONIC COUGH		1	ļ	OR ALB			├	1 %	<u> </u>	NT TROUBLE SLEEPING
			FAINTING SPELLS	-	_		PALPITATION OR POUNDING HEART		<u> </u>	BOILS	OK ALD	Omite ne		├	1		OR TERRIFYING NIGHTMARES
\dashv		TROUBLE		-			HIGH OR LOW BLOOD PRESSURE		-		EAL DISE	ASE		 	1		SION OR EXCESSIVE WORRY
1			THROAT TROUBLE	-			CRAMPS IN YOUR LEGS		1		-		OF WEIGHT	⊢	1		MEMORY OR AMNESIA
- 1	. b`-	NING EAR				3	FREQUENT INDIGESTION		1		RITIS OR			-	<u> </u>	BED WET	
i.			REQUENT COLDS	-		•	STOMACH, LIVER OR INTESTINAL TROUBLE		1	 			DEFORMITY	\vdash			S TROUBLE OF ANY SORT
- l			H OR GUM TROUBLE				GALL BLADDER TROUBLE OR GALL STONES		1	LAMEN				\vdash	1		JG OR NARCOTIC HABIT
		JSITIS			\geq		JAUNDICE		1			EG. FING	ER, OR TOE		1,		VE DRINKING HABIT
-		FEVER					ANY REACTION TO SERUM, DRUG OR MEDICINE		1				DER OR ELBOW	-	1,		XUAL TENDENCIES
21. HA			heck each item)				MEDICING	22	-pcx	<u> </u>			EVER-	1	GOM	ــــــــــــــــــــــــــــــــــــــ	FOLLOWING:
1		RN GLASSI		T	7	,	ATTEMPTED SUICIDE		1		PREGNAN		- we set 1	<u>. </u>			ONSET OF MENSTRUATION
-			TIFICIAL EYE	-+	-	1	BEEN A SLEEP WALKER	_	\vdash		VAGINAI		RGE	-		 	L BETWEEN PERIODS
-		RN HEARIN		-+	-		LIVED WITH ANYONE WHO HAD TUBERCULOSIS		\vdash				LE DISORDER	\vdash		 	N OF PERIODS
- 1			R STAMMERED	\dashv	-	1	COUGHED UP BLOOD	—	\vdash	-	AINFUL N			\vdash		ļ	LAST PERIOD
7			E OR BACK SUPPO	DRT	-	-	SLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION		-	 			RUATION	QU	ANT	<u> </u>	RMAL EXCESSIVE SCANTY
23. HC	W MANY	JOBS HAY	E YOU HAD IN THE		24.			25.	. WF	1	OUR USU			ــــــــــــــــــــــــــــــــــــــ			(Check one)
PA	ST THRE	E YEARS?	. /-	- 1		HEL	AT IS THE LONGEST PERIOD YOU D ANY OF THESE JOBS?				n				1		ANDED TIEFT HANDED

67-413797-98

YES	NO	CHECK EACH ITEM YES OR NO. EV	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	11 1 1 1 1/20 d Was
	1	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	Had faundice in wolle
	V	B. INABILITY TO PERFORM CERTAIN MOTIONS	To Jala Serum
	1	C. INABILITY TO ASSUME CERTAIN POSITIONS	II - aux no grace
	1	D. OTHER MEDICAL REASONS (If yes, give reasons)	at to Other - Hospitalize
	►	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	Had Janualice in World Was II - dur to State Serum Had diverticulation - Hospitalize Recovered
	i	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	14000000
	7	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
	1	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	•
	~	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	•
	'	33 HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR. IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	W	34- HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
	レ	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS. HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
	~	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	L	37, HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	• •
	<i>i</i>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	
I Al	THORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPP E ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	PLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ID ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
TYPED O	R PRINT	TED NAME OF EXAMINEE HIA NICHOLAS JOH SUMMARY AND ELABORATION OF ALL PERTINENT DATA (F	N Micholas F. Surchia
40. PHY	SICIAN'S	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (F	Thereigian shall comment on all positive answers in items 90 thru 39
my	feet	ins refeatities & James	die 1942. Hopitalize ferend weeks.
		·	hell met +
h	- 19	It there was a diagr	issis of diverticulities. Treated con-
De	wai	tind for about or	e montt, Well price
C	THE	RS NOT SIGNIFICANT	
		*	
*	_		
. 1	· · ·		/ C
TYPED	-7	TO NAME OF PHYSICIAN OR EXAMINED	NUMBER OF ATTACHED SHEETS
		11111	U.S. GOVERNMENT PRINTING OFFICE: 1959—O-527655

Attachment to Standard Form 88, Report of Medical Exam_{ination} For Information and Guidance of Medical Examiner

Namo	of Examinee PURCHIA or print)	NICHO.	LAS	JOH	^/					
(Type	or print)	Last	Fi	rst .	Middle	-				
The f	following portions of the attache	ed examination re	eport form	need not by	completed:					
	2	14		6 ₈	3					
	3	17		69 7 ₂)					
	4	62		72	2					
	9 11	65 67		78	5					
46.	Is necessary unless facilities for		e are not 1	readily avai	lahla					
	·									
48.	Not required unless examinee is desirable.	over 35 years o	fage or e	xamination j	indicates such is					
49.	Is necessary unless facilities fo	or affording same	e are not r	eadily avai _l	able.					
	71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each eqr in the conversational speech range (500, 1000, 2000 cycles).									
For	All Examinees, Whether Clerica	t or Special Age	nt Applica	ints or Emp _l	oyees:					
The 1	nedical examiner should answer the fol	lowing question:		15	i,					
	Examinee 🗗 is 🗆 is not	qualified for stre	enuous ph	ıysical exer _t	tion.					
To b	e Answered in the Case of All N	Nale Employees	and Male	Applicants:						
1. E	Ooes examinee have any defects actics and dangerous assignmen	restricting or pr ts which might e	ohibiting entail the	his particip _o practical uș	ntion in defensive e of firearms?	!				
	No ☐ Yes If "yes" pl	ease specify def	ects							
_										
2 г	Ooes examinee have any defects	prohibiting cafe	operation	of motor w						
				or moror ve	hicles?					
le	No Yes If "yes" pl	ease specify def	ects							
		· · · · · · · · · · · · · · · · · · ·								
3. F	For safe driving of motor vehicle	s, Civil Service	Commiss	ion requires	distant vision must					
τ	est at least 20:/40 in one eye an	d 20/10⊌ in the	other, cor	rected or un	corrected. Should					
•€	exuminee wear corrective alasse:	s while operating	a a motor	vehicle?	ltz D. Viz					
	f recommendation is based on a	CUNCLO	dbove st	anaara, ina _i	cate basis					
	TICABLE	1	场内联系							
TOR	PPLICABLE			_		_				
				67-4	13797-98	Nich				
				<u> </u>						

REC'D-ADMIN.DIV. FBI Desirable Weight Ranges for Males

	things to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of												
Height	Small Frame	JUN Medium Frame	Large Frame										
5′ 4″	117 - 125	123 - 135	131 - 148										
5′ 5″	120 - 129	126 - 139	134 - 152										
5′ 6″	124 - 133	130 - 143	138 - 157										
5′ 7″	128 - 137	134 - 148	143 - 162										
5′8″	132 -> 141	138 - 152	147 - 166										
5′9″	136 - 146	142 - 156	151 - 170										
5' 10"	140 - 150	146 - 161	155 - 175										
5′ 11 ″	144 - 154	150 - 166	160 - 180										
6 ′	148 - 158	154 - 171	164 - 185										
6' 1"	152 - 163	158 - 176	169 - 190										
6′ 2″	156 - 167	163 - 181	174 - 195										
6′ 3″	160 - 171	168 - 186	178 - 200										
6 ′ 4″	169 - 180	178 - 196	188 - 210										
6 ′ 5 ″	174 - 185	182 - 202	192 - 216										

3.	3. Examinee's frame is small medium	large
4.	4. Considering above weight table, the examinee's frame, and of I consider his present weight Satisfactory	her individual physical characteristics cessive Deficient
5.	5. Under proper medical supervision, examinee should los	epounds
	gai	npounds
Re	Remarks:	
	A	1) Schenker MA

(Signature of Medical Examiner)



UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI, who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU Official Bureau Name (please type or print) Date Office of Assignment (or SOG Division) SA N: ICHOLAS J PURCHTA The following person is designated as my beneficiary for Special Agents Insurance Fund: Name (primary beneficiary; use given first name if female) Relationship WIFE
SA N. ICHOLAS J. PURCHTA The following person is designated as my beneficiary for Special Agents Insurance Fund: Name (primary beneficiary; use given first name if female) Relationship
The following person is designated as my beneficiary for Special Agents Insurance Fund: Name (primary beneficiary; use given first name if female) Relationship
The following person is designated as my beneficiary for Special Agents Insurance Fund: Name (primary beneficiary; use given first name if female) Relationship
Name (primary beneficiary; use given first name if female) Relationship
MITED.
Address
***unicob
91 Bla uvelt Street, Teaneck, N.J.
Name (contingent beneficiary, if desired; use given first name if female) Relationship
b6
Address b7
The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to
beneficiary of agents killed in the line of duty, other than travel accidents.
Name (primary beneficiary; use given first name if female) Relationship
Wife
Address
91 Blauvelt Street, Teaneck, N.J.
Name (contingent beneficiary, if desired; use given first name if female) Relationship
the sea and and and page purposed data gags.
Address
Very truly yours,
Payment Received
Special Agents Insurance Fund ARR 2. 1963 Special Agent Special Agent Special Agent
- Victoras J. Warchia
APR 2 1963 Special Agent Special Agent
J. Edgar Hopver, Director
APR 2 1963 Special Agent J. Edgar Hower Director

Cetobor 10, 1003

Ner. John F. Maloce Federal Lurceu of Investigation New York, New York

Mehalle John

Dear Mr. Malono:

I am pleased to commend, through you, the agents in the New York Division who contributed no effectively to the contacts of neveral highly confidential sources of information of much value to the Eureau in the security field.

The success achieved could not have been attained without the able assistance of the men who participated. The enthusiasm and teamwork exhibited were of the highest calibor and I want you to convey to all my appreciation for a job well done.

Sincoroly years,

I - GAC, Now York (Personn Attentice)

Not Communist Party, VMA, Internal Security-C
Esced on Information submitted. Europa has concluded
individual letters of communistion as you recommended
are not warranted. Since a copy of this letter in files of
participating personnel.

1 -	(Con	t Direct)				
CLO:Uss				. *:	- * -	
(10)		- "a		سنسف د حد	,	
Edeed ou m	omo Eum	egardner u) Salliyan A	U-I-60 (and edd	enco
Mr. Salliva						
ORDEDI	e accept 1	《新学》 一种有效的		- San Maria Alica	ullicle.	-

her in 1900ics prepared and attached for Mod off

(Gvor)

VIII - Nov York

Dicheles & Carehay

b6 b70 OPTION FORM NO. 10

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 2/28/64

A From

FROM : SAC, NEW YORK

SUBJECT: SA NICHOLAS J. PURCHIA

Authority has been granted to SA PURCHIA to use his personally owned revolver, which is described as follows:

Date of Authority:

Make:

Type: Caliber:

Serial No.:

1 - New York' WM:IM

Bureauggg

WM:.

2/28/64 Smith S

Smith & Wesson

Bodyguard

.38

340696

REC. 121

MAR 9 1964



UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

7/23/63

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, grafuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPI	LICATE AND SUBMIT BOTH COPI	ES TO THE BUR	REAU			
Official Bureau Nar	me (please type or print)	Date	,	Office of Assignm	ent (or SOG Div	ision)
SA NICHOL		7	/23/63		YORK	·
	on is designated as my beneficiary f		ts Insurance F			
Name (primary bene	eficiary: use given first name if fem	ale)	- 1	Relation		w -
		<u> </u>	-	h	1) FE	
Addres)		
91 BLA	UVELT STREE	T,70	EANEC	<u>K, IY.J.</u>	-	
Name (contingent b	eneficiary, if desired; use given fire	st name if female	<u>,</u>)	Relation	onship	
		3.5	·			
Address					,	
	- ·					
The followi	ng person is designated as my bene	ficiary under the	Chas. S. Ross	s Fund providing \$1	500 death henefi	t to
	ts killed in the line of duty, other t			s runa providing + 20	oo deam benen	4
÷						·
Name (primary bene	eficiary: use given first name if fema	ale)		Relation	onship	be
			- *	w	11=6	b
Address	- v					_
91 BLK	AUVELT STRE	ET. +	EANE	ECK. N.	. J	
Name (contingent b	eneficiary, if desired; use given firs	st name if female	<u>,)</u>	Relation	onship	
		-1			*	
Address	//				- <u>:</u> .	,
			3-		k	·
			. 37			
	•		Very trul	y yours,	7	-
	Payment Received	•	•			
	Special Agents Insurance Fund				XZ	<i>a</i>
	Special Agents insurance rund	•	\mathcal{U}_{\cdot}	cholas \	Sus	ches
n, -	AUG 1 2 1963	•	Special A	Agent	. , , , , , ,	
			•	· 0		-
67-NOT	J. Edgar Hower, Diractor					
101-741	3					ઈ.
94 5	EP 12 1963					s.ecd

UNITED STATES GOVERNMENT

lémorandum

Director, FB	[
Valle	
FROM : SAG NEW	YORK

DATE: 5/29/63

Attention: Personnel Section

SUBJECT: NICHOLAS JOHN

SPACIAL AGENT

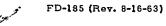
PHYSICAL EXAMINATION

Remylet	
ReBulet	
X Re physical examination 4/9/63	
∑ Dental work was completed on 5/27/63	
Vision has been corrected to	•
by(date) (name of person giving instruction	that he can operate a Bureau car
(date) (name of person giving instruction	1)
only when wearing the necessary glasses.	
Results of chest X ray patch test urinalysis ser	cology were negative.
Enclosed physician's statement indicates he is qualified for stre	enuous physical exertion and use of firearms.
Enclosed are paid unpaid medical bills.	
Attached are Bureau of Employees' Compensation forms	
Physical examination reports are enclosed.	
Employee is scheduled for physical examination on	
Physical examination report has been reviewed and initialed.	
Employee returned to active duty	
Employee's physical condition is	
UACB he is being removed from limited duty.	•
UACB he is being placed on limited duty.	
	,

Remarks:

EJM:ad (2)

Medical Shicordina.



FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

b6 b7C

REPORT OF PERFORMANCE RATING

I	Name of Employee:	NICHOLAS J. PU	JRCHIA #069-1	L6-6407
	Where Assigned: _	NEW YORK	INTER	NAL SECURITY
	Official Position T	itle and Grade: SP	ECIAL AGENT GS-	-13
I	Rating Period: from	April 1, 1963	to <u>March 3</u> 1	., 1964
,	ADJECTIVE RATING:	EXCELI Outstanding, Exc	ENT ellent, Satisfactory, Unsatisfa	Employee's Initials
WARREN JOHN F	Rated by: Ucung MARCHESSAULT Reviewed by: MALONE Rating Approved by	n Marches Signature Ashn J. Malon Signature	ASSISTANT DI IN CHARGE Title Assistant Title	3/31/64 Date
=		TYPE X Official Annual		10 APR 6 1964 10 APR 6 1964 10 APR 6 1964 10 APR 6 1964 10 APR 6 1964 10 APR 6 1964 10 APR 6 1964 10 APR 6 1964 10 APR 6 1964 10 APR 6 1964 10 APR 6 1964 10 APR 6 1964 10 APR 6 1964

PERFORMANCE RATING GUDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Nan	ne of Employee NICHOLAS J. PURCHIA	SPECIAL AGENT, GS-13
		Rating Period: from 4/1/63 _{to} 3/31/64
Guid 1.	Rate items as follows: Outstanding (exceeding excellent and deserving of special commendation of Excellent. Satisfactory (good or very good). Unsatisfactory. No opportunity to appraise performance during rating period. de for determining adjective rating: "Outstanding" adjective rating requires (A) that all rated elements be "+" and reverse of Form FD-185. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend up mechanical formulas; however, for an employee to be rated "Excellent" he mu	the should be rated. All employees in same salary grade should be compared. On). It (B) that each and every rated element be factually justified by narrative detail on the composite result of evaluating all rated elements rather than following any lest not be rated unsatisfactory on any performance evaluation factors on the rating majority of such rating factors. Good judgment must be exercised to insure that ents.
	(1) Personal appearance. (2) Personality and effectiveness of his personal contacts. (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). (4) Physical fitness (including health, energy, stamina). (5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required. (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. (8) Initiative and the taking of appropriate action on own responsibility. (9) Planning ability and its application to the work. (10) Accuracy and attention to pertinent detail. (11) Industry, including energetic, consistent application to duties. (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. (14) Technical or mechanical skills. (15) Investigative ability and results: — (a) Internal security cases — (b) Criminal or general investigative cases — (c) Fugitive cases — (d) Applicant cases — (e) Accounting cases (16) Physical surveillance ability.	Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legisland Legi
	tor, etc.):SECUR	· · · · · · · · · · · · · · · · · · ·
В.	Specify employee's most noteworthy special talents (such as investigator, de	sk man, research, instructor, speaker):TIGATOR
C.	(1) Is employee available for general assignment wherever needs of service(2) Is employee available for special assignment wherever needs of service	require? Yes (If answer is not "yes," explain in narrative comments.) require? Yes (If answer is not "yes," explain in narrative comments.)
	narrative comments.)	NO 2. Has employee used more sick leave (including annual leave or LWOP during such period? NO (If answer to either question is "Yes," explain in
E.	Is employee qualified to operate a motor vehicle incidental to his official du If answer is "yes," personnel file must reflect the following: (a) Ha physically fit to drive. (c) Past safe driving record OK or has passed by	ties? Yes No s valid State or local operator's license for type vehicle he is to use. (b) Is Bureau road test.
	ADJECTIVE RATING: EXCELLENT	EMPLOYEE'S INITIALS
	Outstanding, Excellent, Satisfactory, Uns	eatisfactory

PART I

GENERAL COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

This Agent is of average height and build. He dresses in a very neat manner and presents a well-groomed appearance. He has a fine personality and is well liked by his fellow employees.

2. ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS:
This Agent is capable of handling the more complicated

This Agent is capable of handling the more complicated investigative matters.

3. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

This Agent is able to participate in raids and dangerous assignments.

4. ANY LIMITATIONS ON AVAILABILITY; ANY PHYSICAL LIMITATIONS
AFFECTING PERFORMANCE:

None.

•

5. SUMMARY OF INCENTIVE AWARDS AND COMMENDATIONS:

The Director by letter dated October 16, 1963, commended Agents of the NYO who contributed so effectively in the contacts of several highly confidential sources of information of much value to the Bureau in the security field. SA PURCHIA participated in this

6. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL assignment.

This Agent has been assigned cases involving investigation of Communist front organizations, especially involving the Jewish field. He has shown above-average amount of initiative, resourcefulness, force and aggressiveness in the handling of these assignments. He is the type of Agent who constantly gives his very best to his investigative efforts and is always available for extra assignments. He readily accepts responsibility and discharges

RATING: EXCELLENT

NAP

6. (Cont.)

such with a minimum of supervision. He is a very loyal employee and of the type that can be depended upon to do an outstanding job.

PART II

SPECIFIC COMMENTS

- 1. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN:
- 2. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:
- 3. PARTICIPATION IN INFORMANT PROGRAMS:
 Although this Agent has not developed any informants during the rating period, it must be understood that he has the type of cases which present almost an unsurmountable problem in developing
- 4. TESTIFYING EXPERIENCE AND ABILITY: (See next page)

None during rating period.

5. <u>DISCIPLINARY ACTION:</u> (Including items taken into consideration on rating guide and check list.)

None

6. ACCOUNTING INFORMATION:

NA

7. POLICE INSTRUCTION:

NA

8. SOUND TRAINING:

NA

3. (Cont.)

informants. He has interviewed and assisted in interviews of numerous individuals for the purpose of developing an informant but this has met with negative results. He is very alert to the need for informants and is expending appropriate effort along this line.

9. RESIDENT AGENTS: NA FOREIGN LANGUAGE ABILITY: 10. None 11. ADMINISTRATIVE ADVANCEMENT: No/ No Agent is interested in administrative Yes advancement. (b) Agent is completely available for Yes. No administrative advancement. Agent is considered completely Yes___ No___ (c) qualified at present for administrative advancement, including experience, ability, personality and appearance. (d) If answer to (c) is "yes," Agent's qualifications considered very good____, excellent , outstanding If answer to (c) is "no," Agent Yes No considered to have potential for future administrative advancement. (If applicable, explanatory comments required.)

not



UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO TH	IE BUREAU		,
Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)	
SA NICHOLAS J. PURCHIA	2/6/64	NEW YORK	•
The following person is designated as my beneficiary for Special	Agents Insurance Fund	1:	
Name (primary hopoficiory: use given first nome if female)		Relationship WIFE	
91BLAUVELT STREET, T		HEW JERSEY	, ,
Name (contingent beneficiary, if desired; use given first name if	female)	Relationship	
Address	,		
The following person is designated as my beneficiary und beneficiary of agents killed in the line of duty, other than travel	der the Chas. S. Ross F accidents.	und providing \$1500 death benefit to	,
Name (nrimary heneficiary: use given first name if female)	, , ,	Relationship WIFE	
91BLAUYELT STREET,	TEANECK	, HEW SERSEY	
Name (contingent beneficiary, if desired; use given first name if	female)	Relationship	٠.
Address			-
	Very truly y	ours,	
Special Agents Insurance Fund	Nice	rolas J. Surchia	
FEB 1 8 150.1	Special Age	nt 🗸 😽	
67-NOT Printeger House Holicogion		3-ecd	

7C

cular,A-32 (Rev.)	LEXAMINATION	60 101-01
LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
PURCHIA MICHOLAS JOHM HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
to the state of the D, they of town, some and states	3. COM OUL OF EXAMINATION	
	Annual	3-16-6
SEX 8. RACE 9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY 11. ORGANIZATIO	N UNIT
MILITARY 5 CIVILIAN 17 1/4	1.02	Table 1984
DATE OF BIRTH 13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS C	OF NEXT OF KIN
Jaklia NEW MOU PITH	- Marine Zimpergetin	
EXAMINING FACILITY OR EXAMINER, AND ADDRESS		
AND ADDRESS	16. OTHER INFORMATION	
RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
s - Constitution to the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Co	www.comestage.	Ca water constitution and
CLINICAL EVALUATION NOTES. (Describe eve	ery abnormality in detail. Enter perting	nent item number before each
R- (Check each item in appropriate col- ABNOR- comment. L umn; enter "NE" it not evaluated) MAL	Continue in item 73 and use additiona	I sheets if necessary.)
18. HEAD, FACE, NECK AND SCALP		
19. NOSE		
20. SINUSES		
22. MOUTH AND THROAT		•
22. EARS—GENERAL (Int. & cet canals (Auditory) 23. DRUMS (Perforation)	•	
24. EYES—GENERAL (Visual ocusty and refraction) 124. EYES—GENERAL (Visual ocusty and refraction)		
25 OPHTHALMOSCOPIC		
26. PUPILS (Equality and reaction) (32)	Liester of Leine	
27. OCULAR MOTILITY Insocusted parallel moce ments nucleamne)		1 '- 110
28 LUNGS AND CHEST (Include breaks)	Letter of Lenn	lais NS
29. HEART (Thrust, size, rhythm, sounds)	The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co	, , , , , , , , , , , , , , , , , , ,
30. VASCULAR SYSTEM (Variconties, etc.)		
31. ABDOMEN AND VISCERA (Include heruia)		
32 ANUS AND RECTUM (Il-morrhords, 'estidae) (Prostate & matiented		
33. ENDOCRINE SYSTEM 34. G-U SYSTEM	lus 2°-3°-fila	25
35. LPPER EXTREMITIES Strength range of Mothers	- ? ? shir	7. K)L
36. FEET	times of	, , ,
37. LOWER EXTREMITIES (Except let)	· · · · · · · · · · · · · · · · · · ·	
38. SPINE, OTHER MUSCULOSKELETAL	191-4137	97-101
39 IDENTIFYING BODY MARKS SCARS, TATTOOS	[warehedN	ambered37
40. SKIN, LYMPHATICS	mall & JU	N 2 1964
1 41. NEUROLOGIC Lipatherium teels violer etcm 4 42. PSYCHIATRIC (Speech and personality deviation)		
42. PSYCHIATRIC Aspects and personality deviation	127	
43. PELVIC (Females only, Check how done	-132 MHREEL BY	1
DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respe	(Continue in Rem 73) ctirely.) REMARK	S AND ADDITIONAL DENTAL
-Restorable teeth X-Missing teeth	OFFECTS	S AND DISEASES
-Nonrestorable teeth XXX-Replaced by dentures	include abutments	
1 2 3 4 5 6 7 8 9 10 11 12	13 14 15 16 E	. 1
32 31 30 29 28 27 26 25 24 23 22 21	20 19 18 17 F	400
		/
LABORATORY FIL	45 OUTON VIDAY (102-11 day 51)	י יייייייייייייייייייייייייייייייייייי
URINALYSIS A. SPECIFIC GRAVITY / 6 2. LEBUMIN 7 D MICROSCOPIC	46. CHEST X RAY (Place, date, film num	TA XXX TERE YORK A.
BUGAR	1 17/66 1642	16 May 64
SEROLOGY (Specify test used and result) 48. EKG 49. BLOOD TYPE AND RH	50. OTHER TESTS	to income must
CARDIOLIPIN NEGATIVE 1/1		. D
(AUDIODA + +** ***		1104

			MEASURE	MENTS AND O	THER FINDING	GS		2001	3 100
51. HEIGHT	52. WEIGHT	53. COLOR I	IAIR 54. COL	OR EYES 55	5. BUILD	— □ MEDIUM &	d⊒wexvý □	OBESE	56. TEMPERATURE
	· · · · · · · · · · · · · · · · · · ·	la g	Desiry Life	7	SLENDER		Arm at heart level	`	178
57.	BLOOD PRESSURE (Ar)		c sys	58.	*10 45750	EXE RCISE C 2	MIN. AFTER D	. RECUMBENT	E AFTER STANDING
A. SY	RECUM-	STAN	IDING	A SITTING	B, AFIER		المفوري		3 MIN.
59.	DISTANT VISION	60.		L 🏖 🛣		- 61.		NEAR VISIO	٧
	CORR. TO 20,	BY	S.		OX		3 CORR TO		BY + 157)
LEFT 20/	CORR TO 20/	ву	, S.		οχ		CORR. TO	<u> </u>	BY mind (SE)
62. HETEROPHO	RIA (Specify distance)	201	Profiles on the confequence of a controllife of the con-	A A A A A A A A A A A A A A A A A A A					
ES°	EX.	R. H	J LH.	PRISM D	iv.	PRISM CON		PC	PD
63.	ACCOMMODATION	64. 0	OLOR VISION (Test	used and result)		65. DEPTH P	ERCEPTION ed and score)	UNCORR	ECTED
RIGHT	LEFT		AOC-	-)a-	Som Jane X			CORREC	
66. FIELD OF VI	SION	67. 1	IGHT VISION (Test t	used and score)	·	68. RED LEN	S TEST	69. INTR	AOCULAR TENSION
		· · · · · · · · · · · · · · · · · · ·					Tee		/
70.	HEARING	71.		AUDIOMET	TER		72. PS (CHOLOG (Tests used	SICAL AND PSY Land score)	сномоток
RIGHT WV	/15 SV	<i>i</i> 15	250 500 256 512	1000 2000 1024 2048	3000 4000 2896 4096	000 8000 6144 8192			
			259 612	1024 8048	2000 4000		7		
LEFT WV	/15 SV	/15 RIGH	7-2-5	5 - 5	120	-110	1		
72	ntinued) AND SIGNIFICANT	LEF		00	/ / / /				
	•								
									,
			(11)	- 3 3/1/2 1 - 5 4	<i></i>				
74 SHMMADY	OF DEFECTS AND DIAGNOS	EC (Tiet diagnoses		additional sheets	y necessary)				
74 SUMMANT	OF DEFECTS AND DIAGNOS	es (Dist alaynoses	wun uem namoera	*)					
		v							
	$\Lambda!$	A							
	1 / 2	/ 1							•
75. RECOMMEN	DATIONS -FURTHER SPECI	ALIST EXAMINATION	NS INDICATED (Spe	cify)			76.	A. PHYSICAL	PROFILE
							PU		H E S
								1/1	
77. EXAMINEE									,
A. IS QUALI	FIED FOR MEI	CALLY	ACCEPTAB	LE), PHYSICAL C	ATEGORY
		10 DEPENDE					1	В	C E
78. IF NOT QUA	LIFIED. LIST DISQUALIFYI	NG DEFECTS BY IT	EM NUMBER				0		
79. TYPED OR F	PRINTED NAME OF PHYSICIA	AN .			SIGNATURE				<u>, , , , , , , , , , , , , , , , , , , </u>
80. TYPED OR I	PRINTED NAME OF PHYSIC!	ANA ID	carring a particular to the	,a.u. a.a	SIGNATURE	7-1-	1 20		-
Α.	W. SCHENKER,	M.				X 02	-ente	- /	
81. TYPED OR I	PRINTED NAME OF DENTIST	GRYHYSICIAN (7	tutente witch)	h	SIGNATURE		L. Co	of some	A STATE OF
82 TVPED OF	PRINTES NAME OF REVIEW	NG OFFICER OF	DVING AUTHORIT	<u>, , , , , , , , , , , , , , , , , , , </u>	SIGNATURE	``			NUMBER OF AT
• ,		OF FIGURE	The Administra	-	Signature				TACHED SHEETS
	<u></u>						U S GOVERN	MENT PRINTING	OFFICE - 1950 O-540014

		- ,		THIS IN	FOR	DITAN	FOR OFFICIAL USE ONLY AND WIL	LN	IOT I	BE RELEA	ISED TO	UNAUT	D PERS	CONS				~
******	_		FIRST N	ME-MIDDLE NAME									ENT OR POSIT			3. 11	DENTIFICA	TION NO.
				nber, street or RFD,	city	or to	AS JOHIY on, zone and State)		\dashv	5. PURP	OSE OF	EXAMIN	ATION			6. D	ATE OF EX	NOITANIMA
_					Ξ.					7 A			^			-	> /	1 - 1 11
91	B	LA	UV	ELT STA	<u> </u>	E;	T, TEANECK, I	٧,	J	<u>. A</u>	th v	λua	<u>l</u>				5-/	6-64
7. S	EX.		8. F	ACE			OTAL YEARS GOVERNMENT SERVICE		_	10. AGE			11. ORGANI	ZATI	ON	UNIT	-	
	<u>r</u>]		w	<u>.</u> .	MILI	TARY 5 CIVILIAN 7	14	/	-	13 B							
12. 0	ATE	OF BIR	TH	13. PLACE OF BI	RTH					14. NAM	IE, RELA	HENOITA 1	P. AND ADDR	ESS (OF	NEXT OF K	IIN	
8	٠.	28.	- 13	NEW	/ >	10	RK CITY			•								
		• 4 -							\neg		_	RMATIC	N ,			1	۴.	
-	-	<u>N7</u>	HA	· Ft. S	I	Ąι	N WORDS. (Follow by description of p									······································		
17. 5	TATE	MENT	OF EXAM	NEE'S PRESENT HEAL	тн і	N OW	A WORDS. (Follow by description of p	est	histo	ory, if co	mplain	t exists)						
			0	4														
			0-0	od			· ;			i			• :					
							,						*					
18.	AMI	LY HIS	TORY			,					19. HA	S ANY BI	OOD RELATIO	ON (Par	ent, brothe	r, sister, o	ther)
	ELAT		AGE	STATE OF HEA	LTH		IF DEAD, CAUSE OF DEATH	Т		E AT	OR YL3	HUSBAN NO	O OR WIFE: (Check	eac	:h	item)	RE	LATION(S)
FAT	HER		83	FAIR				\dashv	DE	ATH		1	HAD TUBER					
МО	THER	!	72	FAIR				╅				-	HAD SYPHIL					
SPC	USE		112	GOOD				+					HAD DIABET				2	THER
			48	600,0				+				1	HAD CANCE				1-17	111613
BRO	THE	RS	7_6_	600,0				+				1	HAD KIDNEY	Y TRO	ou	BLE	 	
	AND							\dagger			1/		HAD HEART	TRO	UB	LE	SIST	FR
S	STER	ıs		SISTER			RHENMATIC HEAR	23	4	-, 	1/	٠. ٠	HAD STOMA	сн т	ľRC	UBLE		HER
				<u> </u>			7,17,6 27.1.1.7 = 11.57.1.	7		-/ 			HAD RHEUM	IATIS	SM	(Arthritis)		7,01
CHI	LDRE	:N	16	GOOD				\dashv			1		HAD ASTHN	ΛA,	HA	Y FEVER.	547	HER
			14	G00D				+					HAD EPILEP	SY (.	Fit	;)	1.00	<i>"с і</i> —
			/					7				1	COMMITTED	SUI	CIE	E		
								7				1	BEEN INSAN	E				
20.	IAVE	YOU E	VER HAD	OR HAVE YOU NOW (Plac	e chec	k at left of each item)											
YES	МО		(Check	each item)	YES	МО	(Check each item)	YES	МО	(Check	each i	tem)	YES	N) (Check ea	ch item)
	1	SCARI	ET FEVE	R. ERYSIPELAS		1	GOITER		V	TUMOR	. GROW	TH, CYS	r. CANCER	Π	0	TRICK	or rock	ED KNEE
	1	DIPHT	HERIA			L	TUBERCULOSIS		-	RUPTU	₹E				1	FOOT TI	ROUBLE	
	7	RHEU	MATIC FE	VER	Г	V	(Night sweats)		L	APPEND	ICITIS			Π	2	NEURITI	S	<u> </u>
	٢	SWOL	LEN OR P	AINFUL JOINTS		2	ASTHMA		L	PILES O	R RECT	AL DISE	\SE		2	PARALY	SIS (Inc. i	nfantile)
_		MUMF	s			الما	SHORTNESS OF BREATH		7	FREQUE	NT OR	PAINFUL	URINATION		1	EFILEPS	Y OR FITS	
	2	WHOO	PING COL	IGH		1	PAIN OR PRESSURE IN CHEST		7	KIDNEY	STONE	OR BLO	DD IN URINE		1	EAR, TR	AIN, SEA,	OR AIR SICKNESS
		FREQU	JENT OR	SEVERE HEADACHE		6	CHRONIC COUGH		L	SUGAR	OR ALB	UMIN IN	URINE		1	FREQUE	NT TROUB	LE SLEEPING
	4	DIZZI	VESS OR I	AINTING SPELLS		V	PALPITATION OR POUNDING HEART		~	BOILS				<u> </u>	l	FREQUEN	T OR TERRIF	YING NIGHTMARES
	4	EYE T	ROUBLE			1	HIGH OR LOW BLOOD PRESSURE		1	VENERE	AL DISE	EASE			1	DEPRES	SION OR E	XCESSIVE WORRY
	1	EAR, I	NOSE OR	THROAT TROUBLE		1	CRAMPS IN YOUR LEGS		1	RECENT	GAIN	R LOSS	OF WEIGHT		C	LOSS OF	MEMORY	OR AMNESIA
	8	RUNN	ING EARS		_	V	FREQUENT INDIGESTION		1	ARTHRI	TIS OR	RHEUMA	TISM		1	BED WE	TTING	
	1	CHRO	NIC OR FI	REQUENT COLDS	L	L	STOMACH, LIVER OR INTESTINAL TROUBLE		2	BONE, J	OINT, O	R OTHER	DEFORMITY		1	NERVOL	S TROUBL	E OF ANY SORT
	1	SEVE	RE TOOTH	OR GUM TROUBLE	_	И	GALL BLADDER TROUBLE OR GALL STONES		٢	LAMENI	ESS			<u> </u>	1	ANY DR	UG OR NAI	RCOTIC HABIT
	V	SINUS	ITIS		L	1	JAUNDICE		V	LOSS OF	FARM, I	EG, FIN	ER, OR TOE		1	EXCESS	IVE DRINK	ING HABIT
	V	HAY F	EVER			1	ANY REACTION TO SERUM, DRUG OR MEDICINE		1	PAINFUL	OR "TRIC	K"SHOU	DER OR ELBOW	_	1	HOMOSI	EXUAL TEN	IDENCIES
21.	IAVE	YOU E	VER (C	eck each item)	_			22.	FEM	ALES ON	LY: A. 1	HAVE YO	U EVER—	В.	со	MPLETE TH	E FOLLOW	ING:
<u> </u>	Ļ	WORN	GLASSE	S	1_	14	ATTEMPTED SUICIDE			BEEN P	REGNAN	ΙΤ		L		AGE AT	ONSET OF	MENSTRUATION
	1	WORN	AN ART	IFICIAL EYE	L	٢	BEEN A SLEEP WALKER			HAD A	VAGINA	L DISCH	RGE	L		INTERV	AL BETWE	N PERIODS
	1	WORK	HEARIN	G AIDS	_	1	LIVED WITH ANYONE WHO HAD TUBERCULOSIS			BEEN TR	EATED FO	OR A FEMA	LE DISORDER			DURATI	ON OF PER	IODS
	4	STUT	TERED OF	STAMMERED	_	14	COUGHED UP BLOOD			HAD PA	INFUL I	MENSTRU	IATION	_			F LAST PEI	
				E OR BACK SUPPORT	+-		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			·			RUATION	QU	_			EXCESSIVE SCANTY
			JOBS HAV YEARS?	E YOU HAD IN THE	24	HEL	AT IS THE LONGEST PERIOD YOU D ANY OF THESE JOBS?	25.	. WH	IAT IS YO	ur usu	AL OCCU	PATION?		2	6. ARE YOU		_ '
			·			MOI	NTHS ZHTM				,	`			t	RIGHT	HANDED	LEFT HANDED

ENCLOSURE 413 797-101



YES	NO	CHECK EACH ITEM YES OR NO. EV	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	1	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	Novertenlitis - may, 1956. Hospitalized-about 2 weeks.
*.	0	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	L	C. INABILITY TO ASSUME CERTAIN POSITIONS	Hospitalized - about 2 weeks.
	·-	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	v	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	•
	./	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
``	~	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	A
-	``ِ،	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	`
	-	32: HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	ь
ъ	w	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	`
/		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
	V	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	\$ **.
	·/	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	سننسنسنسنس
	V	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS! (If yes, give date and reason for rejection)	have to
	<u>ر</u>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	~	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY! (If yes, specify what kind, granted by whom, and what amount, when, why)	^
I AU	THORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPP ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	LIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. D ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
		ED NAME OF EXAMINEE	GIGNATURE 1 1 .
Ni	CHO	HAS J. PURCHIA- SUMMARY AND ELABORATION OF ALL PERTINENT DATA (P	nicholas J. Surchia
40. PHY	SICIAN'S	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (P	Physician shall comment on all positive answers in it ms 20 thru 89)
llle			
hea	ls		adping
Spe	Tor	1) diverticulitis	for had he was unfindeged
)	1.	in 19 Th	no recumence,
07	THER	S NOT SIGNIFICANT My cc	no recumence. hepatitis à primare 1942. la squelle
!	. بود	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
			Tunion or invited
TYPED	TK TENY	TER LAME OF PHYSICIAN OR EXAMINE	av 64 SIGNATURE Mea NUMBER OF ATTACHED SHEETS

U.S. GOVERNMENT PRINTING OFFICE: 1959—O-527655

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	TUR	CHIA		HICHO	LAS	JOHTY		
(Type or print)		Lo	ist	First		Middle		
The following port	ions of the a	ttached ex	amination	report form nee	d not be co	mpleted:		
	2 3 4 9		14 17 62 65 67		68 69 72 76			
46. Is necessary	unless facili	ties for aff	fording sa	me are not read	ily availabl	.e.		
48. Not required desirable.	unless exami	nee is over	: 35 years	of age or exam	ination ,indi	.cates such is		
49. Is necessary	unless facili	ties for aff	ording sar	me are not read	ily availabl	e.		
applicants an accepted if th	1. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).							
For All Examinee	s, Whether C	lerical or S	special Ag	ent Applicants	or Employe	es:		
The medical examine	r should answei	the followin	g question:	,				
Examinee	is 🗀	is not quali	ified for st	trenuous physic	cal exertion	•		
To be Answered i	n the Case o	f All Male	Employees	s and Male App	licants:			
1. Does examined tactics and da				prohibiting his entail the prac				
☑ _{No} □	Yes If "y	es" please	specify d	efects				
2. Does examined	e have any de	efects proh	ibiting saf	fe operation of	motor vehic	eles?		
□N ₀ □	Yes If "y	es" please	specify d	efects.		<u> </u>		
examinee wear	:0:/40 in one i	eye and 20, plasses wh	/100 in the ile operati	e other, correct .ng a motor veh	ed or uncoricle? Ye	rected. Should		
	<u> </u>			on the second				
		<u>[13</u>	القالليك الما	7413 7	97-10	0/		

REC'D - ADMIN. DIV. F & I

Desirable Weight Ranges for Males, 2011

Height	Small Frame	Medium Frame	Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5′ 5″	120 - 129	126 - 139	134 - 152
5′ 6″	124 - 133	130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5′8″	132 - 141	138 - 152	147 - 166
5′9″	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6 '	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6 ′ 2 ″	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6 ′ 4″	169 - 180	178 - 196	188 - 210
6 ′ 5″	174 - 185	182 - 202	192 - 216

	Examinee's frame is small		Z large	
5.	Considering above weight table, the examin I consider his present weight Satisfact	ee's frame, and coory	other individual xcessive	physical characteristics
6.	Under proper medical supervision, examinee	should 🔲 lo	sepou	nds
		gc	inpou	nds
Re	marks:			
		A	al School	s / AD

(Signature of Medical Examiner)

16 Mar, 64

(Date)

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTI

REPORT OF PERFORMANCE RATING

		V		
Name of Employee:	NICHOLAS J. PUR	CHIA	069-16-6407	7
Where Assigned: Official Position Title	NEW YORK (Division)	(S	INTERNAL SI Section, Unit) GS-13	ECURITY
Rating Period: from	APRIL 1, 1964		MARCH 31, 1	L965
ADJECTIVE RATING:	EXCELLENT Outstanding, Excellen	nt, Satisfactory, Un	nsatisfactory	Employee's Initials
Rated by: Waren WARREN MARCHESSAU Reviewed by: JOHN F. MALONE Rating Approved by:	Marcher and LT Signature And Malore, Signature La Clara Signature	SUPERVIS Titl ASSISTAN IN CHARG Titl Assistant	T DIRECTOR E	3/31/65 Date 3/31/65 Date APR 5 106
	TYPE OF	REPORT		
APR 7 1965	☑ Official	67=44 Searched	Administrative 60-Day 90-Day Transfer Separation Special	from Service / 0 2 92 1965

REFORMANCE RATING SIDE FOR INVESTIGATIVE PERSONNEL

($\ensuremath{\text{For}}$ use as attachment to Performance Rating Form No. FD-185)

Name of EmployeeNICHOLAS J. PURCH	Title SPECIAL AGENT, GS-13					
	Rating Period: from 4/1/64 to 3/31/65					
Only those items having pertinent beating on employed. Rate items as follows: Unstanding (exceeding excellent and deserving of specience) Excellent. Josatisfactory (good or very good). Unsatisfactory. No opportunity to appraise performance during rating performance.						
"Outstanding" adjective rating requires (A) that all rated elements are supported in the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the su	ents be "+" and (B) that each and every rated element be factually justified by narrative detail on will depend upon the composite result of evaluating all rated elements rather than following any scellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating factors. Good judgment must be exercised to insure that narrative comments. ply with the requirements described on the reverse of form FD-185.					
(1) Personal appearance. (2) Personality and effectiveness of his hersonal contacts (3) Attitude (including dependability, coenthusiasm, amenability and willingness to equital work load).	(17) Firearms ability. (18) Development of informants and sources of information. (19) Reporting ability: (19) Reporting ability: (19) Reporting ability:					
(4) Physical fitness (including health, energy, stamina). (5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required. (7) Judgment, including common sense, ability to arrive conclusions, ability to define objectives. (8) Initiative and the taking of appropriate action on ow responsibility.	n (20) 1 oriormance as a withess.					
(9) Planning ability and its application to the work. (10) Accuracy and attention to pertinent detail. (11) Industry, including energetic, consistent application of the consideral and rate of progress on or completion of assignment attributable to causes beyond employee's control. (13) Knowledge of duties instructions beyond employee's control.	(21) Executive ability: (a) Leadership (b) Ability to handle personnel (c) Planning to duties. (d) Making decisions (e) Assignment of work onts. Also (f) Training subordinates (g) Devising procedures (h) Emotional stability					
cluding readiness of comprehension and "know application. (14) Technical or mechanical skills. (15) Ipvestigative ability and results: (a) Internal security cases (b) Criminal or general investigative cases (c) Fugitive cases (d) Applicant cases	how" of (22) Ability on raids and dangerous assignments: (23) As leader (23) Organizational interest, such as making of suggestions for improvement. (24) Ability to work under pressure. (25) Miscellaneous. Specify and rate:					
A. Specify general nature of assignment during most of rating tor, etc.): SECURITY	period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instruc-					
B. Specify employee's most noteworthy special talents (such as in INVESTIGA.	nvestigator, desk man, research, instructor, speaker):					
 C. (1) Is employee available for general assignment wherever new (2) Is employee available for special assignment wherever new theorem (2) is employee available for special assignment wherever new (2) is employee available for special assignment wherever new (2) is employee available for special assignment wherever new (2) is employee available for special assignment wherever new (2) is employee available for special assignment wherever new (2) is employee available for special assignment wherever new (2) is employee available for special assignment wherever new (2) is employee available for special assignment wherever new (2) is employee available for special assignment wherever new (3) is employee available for special assignment wherever new (3) is employee available for special assignment wherever new (3) is employee. 	eeds of service require? Yes(If answer is not "yes," explain in narrative comments.)					
D. 1. Has employee had an abnormal sick leave record during r	for illness) during rating period than the amount of sick leave corned during annual leave or LWOP					
E. Is employee qualified to operate a motor vehicle incidental to If answer is "yes," personnel file must reflect the folkoop physically fit to drive. (c) Past safe driving record OK.	o his official duties? XX Yes No No No No No No No No No No No No No					
ADJECTIVE RATING: EXCELILENT Outstanding, Excellent, Sa	tisfactory, Unsatisfactory EMPLOYEE'S INITIALS					

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

This Agent is of average height and build. He dresses in a very neat manner and presents a well-groomed appearance. He has a likeable personality and meets people well.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

Although this Agent has not participated in raids and dangerous assignments, he is capable of doing so.

3. <u>LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:</u>

None

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

Agent Purchia has been assigned cases involving investigations of Communist front organizations, especially those involving the Jewish field. This agent is far above the average. He is well experienced in this type of investigation and does a superior job on all the cases he investigates. He is above the average in initiative, resourcefulness, force and aggressiveness. He is most loval and has an outstanding attitude. He is always willing to be of assistance and is most cooperative. He readily accepts responsibility. He is capable of handling the most complicated investigative matters with a minimum amount of supervision. He is an extremely loyal agent and can always be depended upon to do an outstanding job. He is the type of agent that a supervisor enjoys having on his section when the work gets heavy and the job gets tough.

5.	NUMBER	OF	INCENTIVE	AWARDS	AND	COMMENDATIONS	RECEIVED:
----	--------	----	-----------	--------	-----	---------------	-----------

None

6. <u>DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:</u> (List items taken into consideration on rating guide and check list.)

None

7. PARTICIPATION IN INFORMANT PROGRAMS:

This agent is handling the type of cases concerning which the development of informants is most difficult. He has made diligent efforts and has been successful in developing a Panel Source.

8. TESTIFYING EXPERIENCE AND ABILITY:

None during rating period.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA

JAP.

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13.	FO	REIGN LANGUAGE ABILITY: None			•	
	Cor Flu pro Eva		No Vo			;
		Language Read W	rite	Speal	<u>Underst</u>	and
,				÷		
			v	-		
,	Fre	quency language ability used during rati	ng per	iod:		_
	Fre	quency of use of language ability anticip	pated o	luring ens	uing year:	
14.	<u>AD</u>	MINISTRATIVE ADVANCEMENT:				
	(a)	Agent is interested in administrative advancement.		☐ Yes	₩X No	
		Agent is completely available for administrative advances	ment.		No No	
		Agent is considered completely qualified at present for administrative advancement, including experience, ability personality and appearance.		Yes	□No	
	(d)	If answer to (c) is "Yes," Agent's qualifications consider yery good excellent outstanding	red			
	(e)	If answer to (c) is "No," Agent considered to have potential for future administrative advancement. (If applicable,	al			
		explanatory comments required.)		☐ Yes	□No	,

NAM



UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the design ated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner. is to be administered in the following manner.

The Director of the FBI will appoint a committee will recommend appropriate action to the Director in pertinent matters. keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICAT	TE AND SUBMIT BOTH COPIES TO_	THE BUREAU			
Official Bureau Name (pl	ease type or print)	Date	Office of	Assignment (or SOG Division	2)
SA MICHOLA	S J. PURCHIA-	3-10-65	IYE.	W YORK	
	designated as my beneficiary for Sp	nai Agents Histiance I t		D.L.C. 11	
Name (primary beneficiar	v: use given first name if female)	•		Relationship	b6
	_		- 4	WIFE	b70
Address					•
91 BLAUVEL	T STREET, TEANEL	CK, MIJ.			
Name (contingent banefic	ciary, if desired; use given first name	if female)		Relationship	_
rame (contingent benefit	ciary, if desired, use given first han			a Î	
			· · · · · · · · · · · · · · · · · · ·	I	
Address	•		•	-	
			·		
Do you desire to designa Chas. S. Ross Fund as y	te the above-listed beneficiaries as the well? Yes No If not, the	he beneficiary and conti e entire following portion	ngent benef n must be e	ficiary respectively of the xecuted.	.*
	_		•		
The following ne	rson is designated as my beneficient	under the Chas. S. Ross	Fund prov	iding \$1500 death benefit to	-
beneficiary of agents kil	led in the line of duty, other than trav	vel accidents.	•	r =	. 4
	•••				
Name (primary baneficies	ry; use given first name if female)			Relationship	
rame (primary beneficial	ry, use given first name if female/				
A 3 5			, a ·		
Address	c)		27		* *
Name (contingent benefit	ciary, if desired; use given first name	if female)		Relationship	
				-	
Address	· · · · · · · · · · · · · · · · · ·				
				· · · · · · · · · · · · · · · · · · ·	
n.	Payment Received	Fund Very truly	y yours,		
*	Payment Recessory Special Agents Insurance	; I Uliu			.* .*
•	2965	. (•		,
- '	MAR 1 3 1065	Mick		1. Kindle	
	Dire	ector Special A	gont /	X VVICEO	
	12 J. Edzar Hoover, Dire	opecial A	Rent (J	

වී-ecd

FORM 3-542 (6-17-63) APPROVED COMP. N. U.S. 4-5-63 IN LIEU OF SF 1126



NAME: LAST, FIR	ST, MIDDLE					soci	AL SECURITY	NUMBER
_							÷ .	
,		NOTIFICA	TION OF B	ASIC CHANGE				
CODE - NATURE OF	ACTION,				EFFECTIVE DA	TE	DATE OF LAS	TEQUIV. INC
892 - Q	UALITY INCREASE	8	96 - ADMIN.	PAY INCREASE				
893 – W	ITHIN GRADE INCREASE	8	97 – ADMIN.	PAY DECREASE				
l	AY ADJUSTMENT		THER (SPECI	Y IN REMARKS)	lugiu airea			, /
GRADE OR LEVEL	STEP OR RATE	OLD SALARY			NEW SALAR	Y		
							,	<u></u>
	· · · · · · · · · · · · · · · · · · ·	DATA	ON UNPAID		MAN AMERICA IN S	Un of III	LITING DEDIAN	INITIALS
PERIOD(S)			TOTA	L EXCESS IN	PAY STATUS AT E	AND UF W	ATTING PERIOD	30
EMPLO	YEE'S WORK IS OF AN	ACCEPTABLE	LEVEL OF	COMPETENCE	•			
EMPLO	YEE'S PERFORMANCE	RATING IS SAT	ISFACTORY	OR BETTER.	3.4			
REMARKS:			\int	ada	an of	8	ven	
67	NOT REUC	BUED	0					(DATE)
	21 SEP 9	1964	V		AR HOOVER ECTOR	PE	RSONNEL	FILE COI



UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU Official Bureau Name (please type or print) Office of Assignment (or SOG Division) J. YURCHIA The following person is designated as my beneficiary for Special Agents Insurance Fund: Name (primary beneficiary; use given first name if female) Relationship Address 91 BLAUVELT STREET, TEAN Name (contingent beneficiary, if desired; use given first name if female) Address The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents. Name (primary beneficiary; use given first name if female) WIFE Address 91 BLAUVELT STREET, TEAMECK, M.J. Name (contingent beneficiary, if desired; use given first name if female) Address Very truly yours, Payment Received Special Agents Insurance Fund MAY23 Litt 3-ecd

2 JUN 7 7 1964

UNITED STATES GOVERNMENT

Memorandum

TO	

: Director, FBI

DATE:

5/28/64

CHROM

EJM:AHD

: SAC, NEW YORK

Attention: Personnel Section

SUBJECT: SA NICHOLAS J. PURCHIA

Remylet ReBulet	•
Re physical examination3/16/64 Dental work was completed on Vision has been corrected to	•
date) by	
Enclosed physician's statement indicates he is qualified for strenuous Enclosed are paid unpaid medical bills. Attached are Bureau of Employees' Compensation forms	physical exertion and use of firearms.
Physical examination reports are enclosed. Employee is scheduled for physical examination on Physical examination report has been reviewed and initialed. Employee returned to active duty Employee's physical condition is UACB he is being removed from limited duty. UACB he is being placed on limited duty.	
Remarks:	
Mild external hermorrhoids. Not significant. Pes Planus, 2-3° - bilateral. Enc - 1	67-NOT RECORDED
Enc - 1	EL-MOL KE

	A-32 (Rev.)	EXAMINAL	CO-109
<u> </u>	ST NAME-FIRST NAME-MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO
Jane Jane	PORCHIE NICHELAS JOHN		-
7.10	ME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6, DATE OF EXAMINATION
,,-• <i>1</i> 73	Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sectio	9- 1	
	TO BE THE PROPERTY TERMENT	TAINSTANT !	3-1-1
ŢĽ	orda arai Divert i ichilecking	1. ANNONL	×-1-1
7. SE		10. AGENCY 11. ORGANIZATION UNIT	
N	MILITARY DES-30 CIVILIAN 18 YRS-21	S FBI	
12. DA	TE OF BIRTH 13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEX	OF KIN
		Я	
C.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	
0-	28-13 YEWYORK CITY	#C orugo paronaktron	
15. EX	AMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION	ging to the second
	USAH, FT. JAY	1	· · · · · · · · · · · · · · · · · · ·
17. RA	TING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
	CLINICAL EVALUATION NOTES. (Describe every	abnormality in detail. Enter pertinent in tinue in item /3 and use additional shee	tem number before each .
NOR-	(Check each item in appropriate col- ABNOR comment. Co umn; enter "NE" it not evaluated.) MAL	ntinue in item /3 and use additional shee	ts if necessary.)
MAL		and the second	· ·
<u> -: </u>	(32)	dete and for	ex lacker
1	19. NOSE		Jan Mary
العلاحية	20. SINUSES	agetheria. And return	det exercis
	21. MOUTH AND THROAT	10 min of the	A think
المحاشس	22. EARS—GENERAL (Int. & est, canals) (Auditory)	to be with the	يعتكر ويتدويها والمستاكات والماء المارية
12	23. DRUMS (Perforation)	The second second	
مسو	24. EYES-GENERAL (Visual acuity and refraction 22. 2 17 14	feel worming the	1 3.3
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
الرين	25. OPHTHALMOSCOPIC		
	26. PUPILS (Equality and reaction)		
ام بد	27: OCULAR MOTILITY (Associated parallel more- ments, nusligmus)		
7.1	28. LUNGS AND CHEST (Include breasts)		
7.7	29. HEART (Thruse, size, thythm, sounds)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
-	france in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	# · · · · · · · · · · · · · · · · · · ·
	30. VASCULAR SYSTEM (Varicosilies, elc.)		, , , , , , , , , , , , , , , , , , , ,
	31. ABDOMEN AND VISCERA (Include hernia)	,	· -
	32. ANUS AND RECTUM (Hemorrholds, Astular)	,	h a h
-	33. ENDOCRINE SYSTEM		
انند	34. G-U SYSTEM	^r	Tata is
- ,	35. UPPER EXTREMITIES (Strength, range of motion)	•	
	36. FEET	(Apr) 1 1 1 1 1 1 1 1 1	
ارت		161-41279	1-1002
اس	37. LOWER EXTREMITIES (Except feet) (Strength, range of molion)	EC-140 Decircular N	(00)
			- 6.5- minus
1	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	A APRIL	9 1968
- 7	40. SKIN, LYMPHATICS		2 -444
-	41. NEUROLOGIO (Equilibrium tests under item 72)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
	(A2. PSYCHIATRIC (Specify any personality deviation)	Z	· .`
1		ordille.	
~.	43. PELVIC (Females only) (Check how done)	Marie Control	¢
ا ن	VAGINAL E RECTAL	(Continue in item 73)	
	NTAL (Place appropriate symbols above or below number of upper and lower teeth, respective	REMARKS AND	ADDITIONAL DENTAL HSEASES
o	Restorable teeth X-Missing teeth (6)	(8)—Fixed bridge, brackets to	CACAGO
<i> 1</i>	Nonrestorable leeth XXX-Replaced by dentures	include abutments	
Ŗ	1 2 3 4 1 5 6 7 8 9 10 11 12	12 14 15	
ģ		13 14 15 16 E	
H	32 31 30 29 28 27 26 25 24 23 22 21	20 19 18 17 F	
-		I'S ARMY HOSPITAL	* * *
	LABORATORY FINDIN	GS DATE	
. URI	NALYSIS: A. SPECIFIC GRAVITY / O. C.	46. CHEST COR KPIA Voje, hom humber and	rieult)
			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
SUG	1750	1211 Ken	1 Mar 65 .
		000000000000000000000000000000000000000	1 18404 65
. SER	OLOGY (Specify test used and result) 48. EKG 49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS	i,
، معما	None -	X	, , , , ,
. 279	NEC ATINE	Te .	ale ,
	- Aa		
	a a series of layers		
	9 AFR 25/257 1	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	. 10
	HAM HAM AN AN AN EN EN MAN NEW .	•	. V₹

,	7		i.								c	, A.J	· & i	الماري الماري (100		
·	····			Ĩ	HEASURI	EMENTS	AND C	THER	FINDING	ec.		<u>-</u>	,,,,,,			
51. HEIGHT	52. WEIGHT	<i>f</i> 5	3. COLOR		54. 60	LOR EYES	5 5	5. BUIL	D:	SLENDER	MEDIU	M HEAT	/Y . *	OBESE	53. TEN	G E
-6/		V.	<u> </u>	Para	<u>. 6 </u>	1-2					<u>ł</u>	1 00			1 7	<u> </u>
	LOOD PRESSURE	}	art level)	1/		58.						at heart le				
A. SYS.	2A) B. RECUM-	SYS.		d NDING	SYS.	A. SI	TTING CACCO	.		EXERCISE	C. 2 MIN	AFTER	D. RI	CUMPENT	E. AFTE	r Standin
DIAS.	BENT	DIAS.	(3	min.)	DIAS.		<u> 5 S,</u>		PC	:5	ئيت ۽	1			1	• ·
59. i	NOISIN THATEIC		60.		,	REFRACT	TION		,		61.		N	EAR VISION	i	
RIGHT 20/	CORR. TO 2	0/	ВΫ		s.				×		.7	CORR	TO	71	BY.	122
LEFT 20/ 2	CORR. TO	20/	BY.	3	S.	····		3 0	×		7	CORR			24	
62. HETEROPHORIA,	Specify distance)	2-2-1	1.2	j —							1.1.2.			<u> </u>		
Ö	EX*	- J.	R. H.		L.H.		PRISM D	oiv.	•	PRISM C'	CONV.			PC		PD.
63. AC	COMMODATION	,	64.	COLOR V	ISION (Test	used an	d result)			65DE	TH PERCI	PTION		UNCORR	CTED	·
RIGHT	LEFT!		/		سرسير ف	1			دسده هی	// (T	est used a	nd score)	, ,	CORRECT	·····	
65. FIELD OF VISION			67	NIGHT V	ISION (Test	used and	l ecore)	73	<u>Olegoe</u>		LENS TE					
		+ 1		,	15,011 (214)			and the second		W. RE	LENS 1E	?!		69, INTR	AUGULAR.	TENSION
70. I	iéaring		71.			×	UDIOMET	rer			1 72	PSYCHOL	OGICAI	AND PSY	сномото	R
RIGHT WV	(15 m)			1		1000	2004	2000	4000	8000	,	(Tests u	ed en	i score)		
AM IUGIN	/IS SV	/t	15	25	500	1000	2000 2048	3000 2896	4000 4096	8144 8000	8000 8198					
	Wast		RIGI	IT A	5/2	1	1	-	1-275		.77	-	- ,	,	, ,	. '
LEFT WV	/15 SV	· I	LEI	-1-0	// U	1	1	/	12	11	14			_	•	
73, NOTES (Continu	AND SIGNIFIC	ANT OR INT			$\mu \nu$	L//_		/	1/01		3 .1.					
Walter State of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the C	, ** ,				*			•				`				
ı	• .		.;		,											
****	-	*						Ļ.	į.	-			,	, [=		
			.					,ª			•					
4 "		* /	,						* 3	٠.						
-	•	-;	٠.							1 -		.,				
	ť	1 * 5			*		•						•		6	
			21.						. *	·-						•
		•		,									-	* *.		*2 *
- 11	* • •	•				*		•				Ψ.		1		j.
		r* - *		,				,		•		4"				11.
	• •	*•	a, he		(110	addition		il naca.		-			,			•
74. SUMMARY OF DE	EFCTE AND DISC	VOCCC /Tim					an succió	4 HELES	441.87			```			•	
44. Sabimul) C. DE	LECIS WUD DIVE	uoses (Triat	t Gradinase	WHR H	т питоет	2)							•	r r		
•		•	4 5	. '			*									
4					-										* •	
		1000	151													
	i.	• .	, ,								-					
	•						-2 *		•							
•				*1				4							*	
75. RECOMMENDATIO	NS-FURTHER SP	ECIALIST EX	XAMINATIC	NG INDI	ATED /Sne	cifu)			······································	,	76			HYSICAL P		
		,,,			TOTAL POPE	,,,,				-	1.0					
				منه							·	Y U	-	<u> </u>	H -	E S
ma man an archimenta fine										···		خىلىب			1	
77. EXAMINEE (CACO			,								1 -		-		,	
A. I IS QUALIFIED F	OR DIALIFIED FOR		7	y see "	アソ	· .	5 V	·, ,	4				B. PH	ysical ca	TEGORY	
78. IF NOT QUALIFIED		FYING DEFE	CTS BY IT	EM NUM	BER			,	Lis	ن		A			c	ε
			<u> </u>													
79. TYPED OR PRINTE	D NAME OF PHYS	ician 42VE	ھے میں	27	\sim		,	SIC	HATURE	1/ -	-) _	at non-			,	
80. TYPED OR PRINTE						···		Sid	NATURE		<u></u>					-
· · · · · · · · · · · · · · · · · · ·	*	T				-			¥			-	ß		**	
81. TYPED OR PRINTE	D NAME OF DENT	IST OR PHY	SICIAN (I	dicate u	hich)	,		SIG	NATURE		1.6	, Y	ينعوسه		¢,	1 30
5000	ر عمالیمی می ج	g may	ERENTS S		30 30	No.	1		فو موجعه		77.	g march	1		Control	A. F.
12. TYPED OR PRINTE	O NAME OF REVIS	WING OFFI	CER OR SP	PROVING	AUTHORIT	Y		400	NATURE	- 1/2	S. 2008	المراء وتأمواهي	- N	المراجع المساحد	Attistone	05.47
*			, web 136.		· · · · · · · · · · · · · · · · · · ·	• ,		1316	unz		ć			f	NUMBER TACHED	SHEETS
		·							······································					ا ــــنِــــا		
							1 '			4		U.S. COVER	nment I	rinting of	FICE:1963-	-0-711- 30

18, FAMILY HISTORY RELATION AGE

19. HAS ANY BLOOD RELATION (Parent, brother, sister, other)
OR HUSBAND OR WIFE

YES NO (Check each item)

THIS INFORM IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UN RIZED PERSONS 1. LAST NAME-FIRST NAME-MIDDLE NAME 3. IDENTIFICATION NO. 2. GRADE AND COMPONENT OR POSITION NICHOLAS JOHN PURCHIA 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION ANNUAL 9, TOTAL YEARS GOVERNMENT SERVICE 10. AGENCY 11 ORGANIZATION UNIT MILITARY SYRS ZADS FBI 12. DATE OF BIRTH 13. PLACE OF BIRTH 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF MIN 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 16. OTHER INFORMATION FT JAY 17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

F DEAD, CAUSE OF DEATH

Good

STATE OF HEALTH

BELSTION	VAE	STATE OF NEA	LIA		IN DEAD, CAUSE OF DEATH		DE	ATH	165 .	110	CHeck	eac	42 3	terrij	·	VEEN HOW (2)
FATHER	84	FAIR			3	Ţ				V	HAD TUBER	culo	SIS			
NOTHER	74	FAIR			,*					سيدا	HAD SYPHIL	JS				
POUSE	43	GOOD							سسا		HAD DIABET	ES			1.0	THER
	140	GOOD								المامد 5 المامد 5	HAD CANCES	R				
BROTHERS	,,									1	HAD KIDNEY	TRO	OUB	LE		
ANÒ						7			V		HAD HEART	TRO	UBL	E	515	TEN
SISTERS		SISTER			RHEUMATIC HEAR	r	5	,			HAD STOMA	сн т	RO	JBLE		THER
		21.37			// // // // // // // // // // // // //	+					HAD RHEUM	ATIS	M (Arthritis)		
CHILDREN	17	GOOD				7			V		HAD ASTHA	IA,	HÁY	FEVER.	وعرشتان	THERE
······································	15	, , , , , , , , , , , , , , , , , , ,	****	.,	,	-†			بمان	اعتمما	HAD EPILEP	sy (Fits)	7	Eli B. i
		Carrie J.				_				lamor	COMMITTED	SUI	CIDE			
						7				book	BEEN INSAN	Ę				
20. HAVE YOU	EVER HAD	OR HAVE YOU NOW (Place	e chec	k at left of each item)	<u></u> :					L				'	
YES NO		each item)	·~	NO	(Check each item)	YES	NO:		(Check	each	tem)	YES	NO	((Check	each item)
SCA!	RLET FEVE	R, ERYSIPELAS	1	17	GOITER		1	TUMO	R, GROW	TH, CYS	T. CANCER	1	اريخ	"TRICK"	OR LO	CKED KNEE
DIPI	ITHERIA		+-	1.50	TUBERCULOSIS		1	RUPTU	RE					FOOT TE	ROUBLE	
RHE	UMATIC FE	:VER	†	143	SOAKING SWEATS (Night sweats)		1	APPEN	DICITIS			-		NEURITI		
SWO	LLEN OR P	AINFUL JOINTS +	╫	V	*ASTHMA		3,4	PILES	OR RECT	AL DISE	ASE		-	PARALY	SIS (Inc	. infantile)
/ MUN	1PS		+-	1	SHORTNESS OF BREATH	 -	1	FREQU	ENT OR	PAINFUL	URINATION	-	L	ÉPILEPS	Y OR FIT	rs
WHO	OPING CO	UGH	╁╌	300	PAIN OR PRESSURE IN CHEST	-	٦	KIDNE	Y STONE	OR BLO	OD IN URINE	+-		-		QR AIR SICKNESS
→ FRE	DUENT OR	SEVERE HEADACHE	1-	100	CHRONIC COUGH	 	7	SUGAR	OR ALÉ	UMIN IN	URINE	1		FREQUE	NT TROU	BLE SLEEPING
		FAINTING SPELLS	1-		PALPITATION OR POUNDING HEART	-		BOILS	*			┼─	1	FREQUEN	T OR TERM	RIFYING NIGHTMARES
- 32	TROUBLE		┼	20	HIGH OR LOW BLOOD PRESSURE				EAL DISE	ASE		-	1			EXCESSIVE WORK
		THROAT TROUBLE	┼	9	CRAMPS IN YOUR LEGS		Γ"]			<u> </u>	OF WEIGHT	1-		7		RY OR AMNESIA
	NING EARS	 	╁╌	۲	FREQUENT INDIGESTION		1		NTIS OR			╁╌		BED WE		
		REQUENT COLDS	╢	1	STOMACH, LIVER OR INTESTINAL TROUBLE	-	<u>ایمون</u> ارس				DEFORMITY	╫╌				BLE OF ANY SORT
		OR GLM TROUBLE	╁╴	132	GALL BLADDER TROUBLE OR GALL STONES		بتب	LAMEN				一	3			ARCOTIC HABIT
	ISITIS	/	-	3,0	JAUNDICE ·				-	FG FIN	SER, OR TOE	╁	1	7		IKING HABIT
	FEVER		╁╌	100	ANY REACTION TO SERUM, DRUG OR MEDICINE		+	·			LDER OR ELBOW					ENDENCIES
		heck each item)-		1= }	MEDIÇINE	72					U EVER-		, .,	APLETE TH		
 `	RN GLASSE	<u></u>		7-	ATTEMPTED SUICIDE	-	ΙΪ		PREGNAL		O EAEU		فري			F MENSTRUATION
		IFICIAL EYE	+-	1	BEEN A SLEEP WALKER				VAGRIA		Anorthana		-			EEN PERIODS
		·	╂	100	LIVED WITH ANYONE WHO HAD		 -	X			ALE DISORDER	┼		DURATE		
	RN HEARIN	· · · · · · · · · · · · · · · · · · ·	-	100	TUBERCULOSIS		╬		REALEON AINFUL			-		DATE OF		
	4-5ak w.	R STAMMERED		Mark .	COUGHED UP BLOOD BLED EXCESSIVELY AFTER INJURY OR	 	+_1		نىپىسى	e. ae i		-			The A	EXCESSIVE SCION
		E OR BACK SUPPOR			BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	2	1			57	TRUATION?	Ton		S. ARE YOU		
PAST THRE	E YEARS?	E YOU HAD IN THE	14	. WH	AT IS THE LONGEST PERIOD YOU LD ANY OF THESE JOBS?	45	. уч	A1 15 Y	บบห ขรม	år ocu	PATION		~	AHE YOU	•	LEFT HANGED
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>L</u>	МО	NTHS 1	<u> </u>		20 63		4			L	LL RIGHT	HANDED	T FF1 HW/050

67-413797-103

(多面)不够

YES NO	CHECK BAPH ITEM NOS OR A	NO. THEON ITEM CHECKER AND THE MEET DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF
	27. HAVE YOU BEEN UNABLE TO HOLD A JOB #ECAUSI	NO EVERY ITEM THECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
J.	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT,	sero.
	B. INABILITY TO PERFORM CERTAIN MOTIONS	Mengetakupid about 2 we blow
	C. INABILITY TO ASSUME CERTAIN POSITIONS	the state of the Tourse State
مسا		The first control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of
	D. OTHER MEDICAL REASONS (II yes, give reasons	30(13)
- SERVE	28. HAVE YOU EVER WORKED WITH RADIOACTIVE	SUB
		a some a
العمنا	OR TEACHERS? (If yes, give details)	UDIES
1 300	30. HAVE YOU'EVER BEEN REFUSED EMPLOYMENT BEC. OF YOUR HEALTH (If yes, state reason and	CAUSE
	Kataus)	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th
متنمنا أ	31 HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	, 1
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	<u> </u>
المحمدة	32. HAVE YOU HAD OR HAVE YOU BEEN ADVISED TO H ANY OPERATIONS? (If yes, describe and	HAVE -
	age at which occurredy	
	33. HAVE YOU EVER BEEN A PATIENT (committee voluntary) IN A MENTAL HOSPITAL OR SANA	ed or ATOR
300	lum? (If yes, specify when, where, why, name of doctor, and complete addres	and
	hospital or clinic)	- Tal. Aller -
and the same	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OF THAN THOSE ALREADY NOTED? (If yes, spe	OTHER rec.fy
	when, where, and give details)	arm # a 1
	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLII PHYSICIANS, HEALERS, OR OTHER PRACTITION	INICS
Broom	WITHIN THE PAST 5 YEARS? (If yes, give con plete address of doctor, hospital, cli	com-
	and details)	
سمد ا	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OF	янтс
_ 🗸	THAN MINOR COLDS? (If yes, which illnes	(SSOS)
1	37. HAVE YOU EVER BEEN REJECTED FOR MILIT	ITARY
2000	SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OT REASONS' (If yes, give date and reason	OTHER I
	rejection)	• •
	38. HAVE YOU EVER BEEN DISCHARGED FROM MILIT	ITARY
نعمد	SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OF REASONS? KIT yes, give date, reason,	and !
Spare	type of discharge: whether honora other than honorable, for unfitness or	able, run-
	suitability)	· · · · · · · · · · · · · · · ·
Á	39 HAVE YOU EVER RECEIVED, IS THERE PENDING, I YOU APPLIED FOR, OR DO YOU INTEND TO APPLY	HAVE
المجرو	PENSION OR COMPENSATION FOR EXISTING DIS- ITY? (If yes, specify what kind, granted	SABIL- I
	whom, and what amount, when, why)	, a by
I CERTIFY T	THAT I HAVE REVIEWED THE FOREGOING INFORMATION	ON SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. INTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOS
PROCESSING	MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE	
ED OR PRIN	ITED NAME OF EXAMINEE	SIGNATURE CO CO CO CO CO CO CO CO CO CO CO CO CO
YIC	CHOLAS J. TURCI	17/14 Michaeland & Ly williams
PHÝSÍCIAN S	5 SUMMARY AND ELABORATION OF ALL PERTINENT DA	ATA (Physician shall comment on all positive answers in items 20 th (u39)
	_ 1)	that him much last
ر. م		
C	Jentine me	
an.	. 7	
and and	. 7	
and a	. 7	
and the	. 7	
and i	. 7	
and o	. 7	
and i	. 7	
and i	. 7	
and the	. 7	
and the	. 7	
and with	. 7	

U S GOVERNMENT PRINTING OFFICE : 1964 0-717-005

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee PURCHIA	MICHOLAS JOHN
(Type or print) Last	First Middle
The following portions of the attached examin	ation report form need not be completed:
2	4 68
3 1	7 69
4 6	
. 9	
11 6	1
46. Is necessary unless facilities for affordi	ng same are not readily available.
48. Not required unless examinee is over 35 desirable.	years of age or examination indicates such is
49. Is necessary unless facilities for affording	ng same are not readily available.
	nts for the Special Agent position will not be 5 decibel average in each ear in the conver-
For All Examinees, Whether Clerical or Speci	al Agent Applicants or Employees:
The medical examiner should answer the following que	
Examinee is is not qualified	for strenuous physical exertion.
-	
To be Answered in the Case of All Male Emp	loyees and Male Applicants:
	ng or prohibiting his participation in defensive might entail the practical use of firearms?
✓ No ☐ Yes If "yes" please spec	cify defects.
/55 F15406 8F8	
2. Does examinee have any defects prohibiti	ng safe operation of motor vehicles?
No Yes If "yes" please spec	16. 1.6.4
Li No Li Tes II "yes" pledse spec	cify defects.
- B	<u> </u>
	Service Commission requires distant vision must in the other, corrected or uncorrected. Should
examinee wear corrective glasses while o	
If recommendation is based on a factor oth	
7/ 1s	above brainaday mareate bubbs
	0 11-000-100
8-5-2-1-2-28 - 4-3-3-2-1-3-3-1-3-3-3-3-3-3-3-3-3-3-3-3-3	7-413797-103
ENCLOSU	EMES .

RDCSTreple Waight Ranges for Males

Height	Small Frame 12 30 Ph	185 Medium Frame	Large Frame
5′ 4″	1 No 125	123 - 135	131 - 148
5′ 5″	120 - 129	126 - 139	134 - 152
5′ 6″	124 - 133	130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5′8″	132 - 141	138 - 152	147 - 166
5′ 9″	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6′ 1″	152 - 163	158 - 176	169 - 190
6′ 2″	156 - 167	163 - 181	174 - 195
6′ 3″	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6 ′ 5″	174 - 185	182 - 202	192 - 216

3.	Examinee's frame is small medium large
4.	Considering above weight table, the examinee's frame, and other individual physical characteristics. I consider his present weight atisfactory Excessive Deficient
5.	Under proper medical supervision, examinee should lose pounds gain pounds .
Re	marks:
	11130

(Signature of Medical Examiner)

12MA265
(Date)

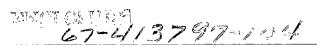
为	T NAME FIRST HAME MIDDLE NAME	Art de la	TO A KIND	2. Grade and component on Po	SITION 3, ICENTIFICATI	ou no.
Cd Ho	NE ALDRESS (Number, Reed of RED, si	lg or lown, tone o	mescally accounts	5. PURPOSE OF EXAMINATION	& DATE OF EX	AMBIATION
O	1. BLANKELT	13.		HAR NOW LOVE		17.33
	TERMOON	1000		了事仍经身友		人等
7. SEX	8. RACE		government service	10. AGENCY 11. DRGAN	NZATION UNIT	2 15 11 11 11 11 11 11 11 11 11 11 11 11
water		T. SEY	Carran 19722			
12. DA1	ie of dirth 13. Place of Birti			IV. HAME RELATIONSHIP AND ACC	ress of next of kin	
	A TANK	Salar Care Care				
2"	Uniking facility or examiner, and ac	Apprent T		16. OTHER INFORMATION		·
	the fire and the fire and the second of the fire and the second of the fire and the second of the fire and the second of the fire and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco		LTOWN NO			
	TING OR SPECIALITY	***		TIME IN THIS CAPACITY (Total)	LAST SIX MONTH	łs
				自然是"人民"的		
2 / 1	CLINICAL EVALUATION		-NOTES, (Describé exer	ey abnormality in detail. Enter	pettinent item number	belore each
NOR-	(Check each item in appropriate umn; enter "NE" If not evaluate	e col- ABNOR-	comment.	onunue in item is and use add	igional adoors it necessary	
1	18. HEAD, FACE, NECK AND SCALE					
	19: Nose					1 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	20) SINUSES CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE					
	21. MOUTH AND THROAT		[神秘語]: \$ \$ \$ \$			
	22. EARS-GENERAL AInt & prt. canale) 1	Auditory Fand 713				
	23. DRUMS (Perforation)	The Same	感 及可感激激		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
	24. EYES -GENERAL Virial meulty and r	Uradien nd 67)				
	25. OPHTHALMOSCOPIC					The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	26, Pupils (Equality and reaction)	A Value				
	27. OCULAR MOTILITY Indeedlated higral ments, nuslamus)					
	28. LUNGS AND CHEST (Include breasts		16. 小小子可以多个人		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
	29. HEART (Thrust, Alie, thishm, sound	· · · · · · · · · · · · · · · · · · ·	E STATE STATE OF	المعالمة المجارية والمراجة المراجة الم	ه چا - چین دری استیاری میشاردهای و دیدهای	2 1 10 10
	30. VASCULAR SYSTEM (Varkoshies, el		是	A. 学家总统证据等	Garage Contract of the	
5 5 °	31, ABDOMEN AND VISCERA (Include he	Wigh.	25 5	Transcords	16.24 1 3.33	A. 32 -
st	32. ANUS AND RECTUM (Prostate, if indices as a suppose of the state of	alem 1		Lithwoll and 2	Krop D	*
	34. G-U SYSTEM		,心理是是性质的			1 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg
	35. UPPER EXTREMITIES (Strength, range		THE PROPERTY OF THE PARTY OF TH			
	36. FEET				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12111
一	97. LOWER EXTREMITIES (Extent feet)	Amarian Trans	A CALL SOFT	3031115	7911-1	DH
	38. SPINE. OTHER MUSCULOSKELETAL	n matien).		TOWN WITH) Lecks	21
	39. IDENTIFYING BODY MARKS, SCARS, T	TATTOOS L	39.5 3	というか		11
-1	40, SKIN, LYMPHATICS			到了这个分子之类。	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	Time non- Supra
1	41. NEUROLOGIC (Equilibrium tente under	ilen 72)	1 SEALONS		الم المعالم المستعمل الما المسعد الم	·
	42. PSYCHIATRIC Especifuant personality		1 Marion Live			1. July 18 18 18 18 18 18 18 18 18 18 18 18 18
	43. PELVIC (Females only) (Check how		T. THE WAR THE	的		
· . '.	□VAGINAL □		The property of	(Continue in item		
44. DE	NTAL (Place appropriate symbols above o		fupper and lower teeth, respec		REMARKS AND ADDITIONAL DES DEFECTS AND DISEASES	NTAL
`. o	Resignable leeth	X-Miesin XXX-Replace	who are in the first than the same	(0XVI-Fixed bridge, brackets tof	DEFECTS AND DISEASES	والمتعرف والمراز
:-:	Nonresterable teeth	XXX—Replace	early ornings	include abulments	STATE SALES	
R	1- 2 /8/ X 5/ 6	7 . 8	9 10 11 1	18 W. 18 WELL	MA	W. Carlot
G.	21 31 22 21	26 25	24 23 22 21	20 17 F		A.C.
T		124	展。於於於於		Contraction of the second	5 15 2
	· . 47 At =	ji sin i j	LABORATORY FIL	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		*
45, UF	RINALYSIS: A. SPECIFIC GRAVITY . 1.	020		46. Chest X Ray (Ploce, dute, 1	lm qumber and result) 🛴 🥷	
B. ALI		D. MICKOSCOPI	ic NEG	USA DISP PT	HAMILTON, BROOM	LYN NY.
C. SU	SAR NEG	4		リスプラファン	7 ITEG 3 Feb	
		1 10	40 TICAD TVOE AND ON	52, OTHER TESTS		
47, SE	ROLOGY (Specify test used and result)	43. EKG	49. ELGOD TYPE AND RH	and posicing serves	Marine to Marine	

					MEASUR	EMENTS	AND OTHER	FINDING	iS.		· Min.	多例 以		
1. HEIGH		2. WEIGHT	\$ 53.0	OLDO WAIR	54. C	nor/eves	55. DUIL	D; 3 4 5	LENDER	MEDIUL	A HEAVX	OBESE	EG. TEMP	ERATURE
	30-1	115	*/			TES SIL	Choc	(ono)			1/2	1	1	<u> </u>
7.	COJE	Pressure (2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	level) 🤇	<i>Y</i>	53.2					of heart lese			
A. ESTRING	575	DECUM-	sys.	C.	SYS	A. SIT	ning	e, after i		C 2 MIN	AFTER	d. Recumben	F E, AFTER	STANDING
`: ˈs	DIAS (BENT	DIAS.	STANDING (3 min.)	DIAS.	1				1	7	· V je v	<u> </u>	<u></u>
3.		NT VISION.		£0.	<u> </u>	REFRACTI		,	,	A	(A)	NEARYVISIO		
IGHT 20/	200	CORR. TO 20)		BY	oli etak		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ex -			S CORR. T		E BY	
EFT 20/	OPHORIA (Spec	CORR, TO 20	<u>, , , , , , , , , , , , , , , , , , , </u>	BY				CX	C		CORR. T	0,	AR AK	
ES*		X	() (H.	L.H.		PRISM CIV.	ا من رجود ا	ş(¬+`	conv.		OF PG	THOPH 201t	
	````````		<u> </u>	taa u sii	<u> </u>			<u> </u>	- / C	T			````````	
i3. NGHT		MODATION		- et . com	r vision CT?		2 - 50 18314	37 m	65. DE	pth perce edicated at	PTION Id 2007e)		ECTED	<u> </u>
	OF VISION	LEFT	 	ET WICH	AO PIE			15.61 K	FR 05	D LENS TE	e r	CORREC	raccular 1	ENCION
الكامان و الدلكار	e, parun Salahan			- (HOI)	e stepper (# fd		22.2			- 2010 36	Pilip :	, Jaj	l. Hillerstewere.	e frances
10.	HEAR	ING	۔ نہویت آبید	71.		ند خد	DIOMETER		, 	72	- PSYCHOLO	SICAL AND PS	CKOMOTOR	ئىيسىش
	•	· * * * * * * * * * * * * * * * * * * *		l'ill î	201	1.1	1 2 3 1 2 3 2	[(Tests use	GICAL AND PS		
right wy	Ñ	ž zv.	715	121	\$20 813	1000 1024	2000 3000 2000 3000	4000 4096	8000 8144	8000				
EFT WV		\$ SV	راه پي از اي ا مو ولاين در آنو	RIGHT	7	36,		-3/2	3/	15		充骨的		
	31	9 31	715	LEFT		X		ांठ	1	ार				
3. NOTES	(Continued)	ND SIGNIFICA	NT OR INTERV	AL HISTORY	(1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	克斯克	1 3 3 3 3	- () - /- //,	18 5	3 34 7			
/_ -,% /			Con to						, M	•		San San San		
	141	ا آه آه او شواهي. و استان پرستان کي				er server Grant gr				1				
								114.2 F		at the second				
· · · · ·						ુસાંું જે ડે		·						. "
1	San San San San San San San San San San	6		المائي المسترانية المسترانية		างตั้งกับ	الإدارات المستران						45-,4	B
a ja tu k	A GALLERY	اُدِ اللهِ إِلَيْهِ اللهِ br>اللهِ اللهِ ال			The state of	المرابعة المنابعة المنابعة		317 - 102 -		أوتي أمه ما				
Mr. Jan	. 3 (\$34.° ;	kata kaling ing	Salay a		ing the second	1 - 1 TAŠŠĆ. 1941 (13.)	Harrie Berg	her profit			g g			1-24 20
				دار می از در از در از در در از در در در در در در در در در در در در در		\$ 4	Tarran San	PRODUCT AND	+ 1	آيار پورزاداد			,	
ر ده ا د ده ا				ي المراجع التي التي التي التي التي التي التي التي		14°-1			35					
۸۰		1							ario Maria. Maria da Maria da Ma		ئے۔ اور آھا ہوائی			A . 1.
`	7.35		ngar (j. b. 196) Lagar Alabara	ara ta in the first	King in					ار المواجد ال				
***	***	17,77 (25) 		- 12 (g) 15 f			il sheets if nec	(stary)	بنبيت	1 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	on in the second			
/4. SUMM	ARY OF DEFEC	TS AND DIAGN	oses (Lui ili	agnoses, wil	a kem numb	(14)							1. 10	
			، 'آيي' آيي ۽ آيي الن		77 14 3			- 1	, · · · .		23 370			
,			وألمهم اولاء أي			1. W. W.	يعراري والمراج		3 2 7		k to the c		w, Taga	
				- 1						4" " " " " " " " " " " " " " " " " " "	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	r the Bill					10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	化道状态		ع إسال هـ . التحديد ا			ر المراجع السائدة	, *	toring the
	عاده بالأراب					E THE SECOND			75				· .	
75. RECO	MENDATIONS	-FURTHER SM	ECIALIST FYAS	HINATIONS !	NDICATEDIC	reciffs.		143 77		אל	() - (=) 	A. PHYSICAL	PROSILE	
ا) ایران است. ملامد بند بر د مارند		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	- South way	· · · · · · · · · · · · · · · · · · ·	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	THE A						A. PRIDICAL	H	ES
										1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
77. EXÁM	NEE (Check)						<u> </u>				er de freier			
	WALIFIED FOR	Dogwood	ر در در برای کار معداد سایم ها	£123**		學是特		al en Litting				B. PHYSICAL	ATECORY	
3. B. C	IS NOT QUA	THEO FOR	eroni III	LOT	وأنا يعشني والعدي	روائد السواليون إراده والسواليون		\$\$\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ر از از از از از از از از از از از از از				, , , , ,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	OUALIFIED, L	IST DISQUALIF	YING DEFECT	S BY ITEM	NUMBER			- 25-5	, m, j,	3-1	* * 1	, , ,	Č	E
78. JF NOT	Kimaga.						- G		13/3	法法				
78. IF NOT	بسيوث سيستنهن	AME OF PHYS	ICIAN .		مو ندور دو در در ې د د وا	I. tag.		GHATURE				ئالىسىسىسى 1 يەسى		
۔' سنیلیئیت	or printed n				35 5 2 3 5				2	- 14 - Ac		A		
۔' نیدینی	OR PRINTED H	6	9.	50	n m	2 W				حد فمنطب ؤرز	17	5000		وستحصيان
29. TYTEO	A	T	, E,	se.	nme	<i>د</i> ې د		IGHATURE		<u>ala</u>	T	8000		بنصن
79. TYTEO	ARO]	T	, E,	se	nml	ŁΥ.		IGNATURE	La de		T. T.	Jano	<u>ئىلىنى</u> رۇپىدىن	بعد

O's establicati bytimus delicitings—0.11-060.

Standard F (Rev. Aug BUREAU OF TH CIRCULAR	. 1950) E BUDGET	NFO		REPORT OF MED						nowized Pers	sQN:)	89-103 ¹ 01
1. LAST NAME-	FIRST NAME—MIDDLE NAME	46)]_	AS JOHN	į.		2. GR	ADE AND	СОМРОМ	ENT OR POSI	TION		3. 11	DENTIFICATION NO.
4. HOME ADDR	ESS (Number, street or RFD	, city	or to	wn, zone and State)				RPOSE OF					6. D	ATE OF EXAMINATION
91E	SLAUVEL	7	.5	treet			12	MY					پتني ا	13/66
	EMNECK		17	+ Ų .			100	YS/ GENCY	CA		747	ONI		-1919
7. SEX	8. RACE			OTAL YEARS GOVERNMENT SERVICE TARY CIVILIAN CIVILIAN	_		-	ENC!	`	11. ORGANI	ZA 1	ON C	MI I	
12. DATE OF BIR	TH 13. PLACE OF E	IRTH		TARY SOLES CIVILIAN VAS	ļ	dist.				IP, AND ADDR	ESS	OF N	EXT OF K	in
- 1	. 60			At his man a remark his a										
819.8				RK CITY, M	1		40.00							
15. EXAMINING	FACILITY OR EXAMINER, AND	ADDR		PAMILTON,		1	L	THER INFO	ORMATIC	N				
17. STATEMENT	OF EXAMINEE'S PRESENT HEA	₹ LTH I		N WORDS. (Follow by description of				complain	t exists)					
	00 D			,				•	•					
<u> </u>														
			1							٤.				
								1 40				Dane	nd bandbar	- sister other!
18. FAMILY HIS	1 1			,	_	_	GE AT	OR	HUSBAN	D OR WIFE:				r, sister, other)
RELATION	AGE STATE OF HE	ALTH		IF DEAD, CAUSE OF DEATH		نــا	DEATH	YES	NO	(Check			em)	RELATION(S)
FATHER	85 FAIR				_	_				HAD TUBERCULOSIS HAD SYPHILIS				
MOTHER	75 FAIR				_			 		HAD DIABET			FATHER.	
SPOUSE	47 600 D				-				Lagar	HAD CANCER				Lated & Cat for Acan
BROTHERS -	SISTE	R)		RHEVMATIC HER	25	F ²⁰	50		- L	HAD KIDNEY		OUBL	.E	
AND	3/3/5	* **		1 2 2 2 2 4 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	3	Mark Cale			HAD HEART	TRO	UBL		
SISTERS										HAD STOMACH TROUBLE		BLE	FATHER	
									1	HAD RHEUM		-		
CHILDREN	-							W		HAD ASTHM HIVES	4A.	HAY	FEVER.	FATHER
	6-00.0			*				<u> </u>	التعتن	HAD EPILEPS				b6 b7
	GOOD					_			Bross.	COMMITTED		CIDE		Δ/
								<u> </u>	المنتمنا	BEEN INSAN	E			<u> </u>
	(Check each item)	_	e chec		YES	NI AI	1	(Check	ench i	tem)	YFC	NO	10	Check each item)
YES NO	(Check each item) LET FEVER, ERYSIPELAS	1 63		GOITER -	11 = 3	1				T. CANCER	-	1.0	,	OR LOCKED KNEE
<u> ~ ~ ~ </u>	THERIA	╁	100	TUBERCULOSIS	-		RUPT				┝	ALCO !	FOOT TR	
	MATIC FEVER	╅╌		SOAKING SWEATS (Night sweats)	-	20		NDICITIS			┢		NEURITIS	3
	LEN OR PAINFUL JOINTS	╁		ASTHMA	_		PILES	OR RECT	AL DISE	ASE	Г	معجذ	PARALYS	SIS (Inc. infantile)
MUM!	PS	\top	R.	SHORTNESS OF BREATH	Г		FREQ	UENT OR	PAINFUL	URINATION		Lagr	EPILEPS	Y OR FITS
	PING COUGH	\top	0	PAIN OR PRESSURE IN CHEST		20	KIDNI	EY STONE	OR BLO	DD IN URINE		100	CAR, TRA	AIN, SEA, OR AIR SICKNESS
FREQUENT OR SEVERE HEADACHE CHRONIC COUGH SUGAR OR ALBUMIN IN URINE FREQUENT TROUBLE SLEEPING						IT TROUBLE SLEEPING								
DIZZII	NESS OR FAINTING SPELLS		سما	PALPITATION OR POUNDING HEART		٤,	BOILS کم	3				100	FREQUENT	OR TERRIFYING NIGHTMARES
EYE T	ROUBLE		1	HIGH OR LOW BLOOD PRESSURE		200	VENE	REAL DISE	ASE			1	DEPRESS	ION OR EXCESSIVE WORRY
EAR,	NOSE OR THROAT TROUBLE		V	CRAMPS IN YOUR LEGS		E	RECE	NT GAIN C	R LOSS	OF WEIGHT	<u>L</u>	100	-	MEMORY OR AMNESIA
RUNN	ING EARS	_	100	FREQUENT INDIGESTION		347		RITIS OR			_	26	BED WET	
CHRONIC OR FREQUENT COLDS STOMACH, LIVER OR INTESTINAL TROUBLE BONE, JOINT, OR OTHER DEFORMITY STOWAGE OF ANY SORT					S TROUBLE OF ANY SORT									

LAMENESS 1 ANY DRUG OR NARCOTIC HABIT SEVERE TOOTH OR GUM TROUBLE 1 GALL BLADDER TROUBLE OR GALL STONES EXCESSIVE DRINKING HABIT SINUSITIS JAUNDICE LOSS OF ARM, LEG, FINGER, OR TOE ANY REACTION TO SERUM, DRUG OR MEDICINE HOMOSEXUAL TENDENCIES HAY FEVER PAINFUL OR "TRICK" SHOULDER OR ELBOW 22. FEMALES ONLY: A. HAVE YOU EVER-B. COMPLETE THE FOLLOWING: 21. HAVE YOU EVER (Check each item) AGE AT ONSET OF MENSTRUATION ATTEMPTED SUICIDE WORN GLASSES **BEEN PREGNANT** BEEN A SLEEP WALKER INTERVAL BETWEEN PERIODS WORN AN ARTIFICIAL EYE HAD A VAGINAL DISCHARGE - LIVED WITH ANYONE WHO HAD JUBERCULOSIS DURATION OF PERIODS BEEN TREATED FOR A FEMALE DISORDER WORN HEARING AIDS STUTTERED OR STAMMERED 24 COUGHED UP BLOOD HAD PAINFUL MENSTRUATION DATE OF LAST PERIOD BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION HAD IRREGULAR MENSTRUATION QUANTITY: NORMAL EXCESSIVE SCANTY WORN A BRACE OR BACK SUPPORT 26. ARE YOU (Check one) 24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? 25. WHAT IS YOUR USUAL OCCUPATION? 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? SPECIAL AGENT, FBI RIGHT HANDED LEFT HANDED ₹2500° MONTHS -





	T		
YES	NO	i	ERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	A
	1	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	thad you never observe muchation
	IV	B. INABILITY TO PERFORM CERTAIN MOTIONS	De la company
	V	C. INABILITY TO ASSUME CERTAIN POSITIONS	Service - Cline of Back Jumes
	1	D. OTHER MEDICAL REASONS (If yes, give reasons)	10 25 3
	W	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	Mad you nevire during mululary. Service - clue to bad serum. m 1948. plad devertualities 1956
	V	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	V	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
	~	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
	V	32. HAVE YOU HAD. OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	·
	3,000	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	~	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
	W	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give com- plete address of doctor, hospital, clinic, and details)	
	V	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	2	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS! (If yes, give date and reason for rejection)	
	V	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	War.	39. HAVE YOU EVER RECEIVED. IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	,
I AU	HORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPP ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	LIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. D ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
TYPED O	R PRINT	ED NAME OF EXAMINEE	SIGNATURE TICLES
		SUMMARY AND ELABORATION OF ALL PERTINENT DATA (P	hysician shall comment on all positive answers in items 20 thrů 39)
		Had Serum hep	atités 1992 - no compl.
			, <i>V</i>
		4.9	
		,	
			· ·

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

1 61561 NUMBER OF ATTACHED SHEETS U.S. GOVERNMENT PRINTING OFFICE : 1964 0-717-005

ゔ゙ゔ

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	PURCHIA)	VICHOLAS	JOHN
(Type or print)		Last	First	Middle
The following porti	ions of the attached	examinati	on report form need	not be completed:
	2 3	14. 17		68 69
	4 , .	62		72
No.	9	65	* /	76
	11 ,	67	•	S. F. S. S.
46. Is necessary t	unless facilities for	affording	same are not readily	v available.
48. Not required u	inless examinee is o	ver 35 yea	ars of age or examin	ation indicates such is
49. Is necessary	unless facilities for	affording	same are not readily	available.
applicants and accepted if th	d Special Agents. A	.pplicants eds a 15 d	for the Special Age ecibel average in ei	for all Special Agent nt position will not be ther ear in the conver-
For All Examinees	s, Whether Clerical o	or Special	Agent Applicants or	Employees:
The medical examiner	should answer the follow	wing question	on:	en komunika ya mana kata da kata kata kata kata kata kata
Examinee	is Dis not qu	alified fo	r strenuous physica	l exertion.
4				
To be Answered in	the Case of All Ma	le Employ	ees and Male Applic	cants:
	have any defects re ngerous assignments			rticipation in defensive cal use of firearms?
☑ _{No} □	Yes If "yes" plea	ree enecif	v defects	n •• ••
	res in yes, piec	ise specif	y defects.	
2. Does examinee	have any defects p	cohibiting	safe operation of ma	ntor vehicles?
· /				
■ No □	Yes If "yes" pled	ise specii	y defects.	4
test at least 20 examinee wear	0./40 in one eye and corrective glasses	20/100 in while oper	the other, corrected cating a motor vehic	quires distant vision must l of uncorrected. Should le? Yes No d, indicate basis
-		+ r.	MICTOSULA	
			* · · · · · · · · · · · · · · · · · · ·	

67-4/3797-104

M

REC'D - AUMIN, DIV.

Desirable (Weight Ranges for Males

Height	MAR CISmall Frame	Medium Frame	Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5′ 5″	120 - 129	126 - 139	134 - 152
5′ 6 ″	124 - 133	130 - 143	138 - 157
5′ 7 "	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5′ 9″	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6 ′	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6 ' 2''	156 - 167	163 - 181	174 - 195
6 ′ 3 ″ .	160 - 171	168 - 186	178 - 200
6 ′ 4 ″	169 - 180	178 - 196	188 - 210
6 ′ 5″	174 - 185	182 - 202	192 - 216

4.	Examinee's frame is small medium	large
5 . .	Considering above weight table, the examinee's frame I consider his present weight Satisfactory	, and other individual physical characteristics Excessive Deficient
6.	Under proper medical supervision, examinee should	losepounds
Re	emarks: Moul	
	,	

(Signature of Medical Examiner)

3 feb 66

(Date)

a · ~ ~



UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO TH	E BUREAU	
Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA NICHOLAS J. PURCHIA The following person is designated as my beneficiary for Special	12/30/65	NEW YORK
Name (primary beneficiary; use given first name if female)	Agents Insurance Ft	
primary beneficiary, use given first name if female/		Relationship
Aduress		WIFE
91BLAUVELT STREET, TEAME Name (contingent beneficiary, if desired; use given first name if	GK, N. J.	
Name (contingent beneficiary, if desired; use given first name if	female)	Relationship
Address		
Do you desire to designate the above-listed beneficiaries as the k Chas. S. Ross Fund as well? Yes No If not, the en The following person is designated as my beneficiary und beneficiary of agents killed in the line of duty, other than travel	er the Chas S Ross	n must be executed.
Name (primary heneficiary: use given first name if female)		Relationship b6
		WIFE b7
Address 91 BLAUYELT STREET, TEAM Name (contingent beneficiary, if desired; use given first name if it	HECK, N. J)
Name (contingent beneficiary, if desired; use given first name if i	female)	Relationship
Address		
	Very truly	yours,
Payment Deceived Special A is Incurance Fund A JAM 6 35	Special A	cholas Jurchia

J. "dgar Meeter, Director

Poeg /

July 2, 1965

Mr. John F. Malone Federal Bureau of Investigation New York, New York

· Wichelins J. Garani

Dear Mr. Malone:

It is indeed a pleasure to commend you and, through you, the personnel in the New York Office who participated so capably in the investigation of the Destruction of Government Property case involving and others.

b6 b70

Each man discharged his individual responsibilities with noteworthy resourcefulness and skill, effectively overcoming the difficulties encountered in this complex investigation. The diligent efforts of all assisted materially in thwarting the radical plot of these subjects. I want to thank you for your excellent supervision of the over-all investigation and ask that you convey my appreciation to the others for a job well done.

Sincerely yours,

		ř	
Ĩ	L - SAC, New York (Personal	Attention)	
	Place a copy of this letter participated in this matter	in files of personnel who	
	recognized. Sent Direct)	DUPLICATE YELLOW	V
	KE C (22)		
	Based on memo Baumgardner	-Sullivan 6-23-65 and addendu	im
7-NOT RECE	Administrative Division 6-25-	65 re: Award and Commendation Mat	et al;
	DGP-Conspiracy. (Incentive	Award and Commendation Mat	ter.)
y Jul 14	COPIES MADE AND ATTACH	ED FOR PLACING IN FILES	OF: Over

Letter to the John D. Colono P.L. Mer York

** 25 **

b6 b7C





FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

J. Edgar Hoover, Director

1 1/2

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU Office of Assignment (or SOG Division) Official Bureau Name (please type or print) SA MICHOLAS J. YURCHIA The following person is designated as my beneficiary for Special Agents Insurance Fund: Name (primary beneficiary; use given first name if female) Relationship **b**6 b7C Address 91BLAUVELT STREET TEANECK Name (contingent beneficiary, if desired; use given first name if female Address Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? Z Yes No If not, the entire following portion must be executed. The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents. Relationship Name (primary beneficiary; use given first name if female) Address Relationship Name (contingent beneficiary, if desired; use given first name if female) Address Very truly yours, Payment Received Special Agents Insurance Fund JUN 1 1 1965

PAST SAFE DRIVING RECORD CERTIFICATION

	NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL) PURCHIA, NICHOLAS J.		,	DATE 4/15	/65
	UIVISION AND SECTION ASSIGNED	PO	SITION TITLE		
	4 - 4/ New York	i	PECIAL AGENT	•	
·	S IS TO CERTIFY THAT I PRESENTLY 🔀 HOLD 🗌 DO NOT VER'S LICENSE.		,	PERMIT OR	
	MIT ISSUED BY: ATE, TERRITORY NEW JERSEY		RMIT NUMBER	PERMIT EXP	
	SSESSION, DISTRICT)	P	9343 59071 08132	12/311	167
:	S IS AN <u>UNRESTRICTED (RESTRICTED)</u> PERMIT. (IF RESTRICTED) (STRIKE OUT ONE)	ED, EXPLAII	N BELOW)		•
	THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS IS ALLY OWNED) APPROXIMATELY \$3,000 MILES. DURING THIS TRAFFIC VIOLATION TICKET; (B) I HAVE HAVE NOT BE INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, POATES OF OFFENSES.	S TIME (A) EN HELD AT) I HAVE \ A HAVE NOT FAULT* AS THE DRIVER OF A MO	RECEIVED A	
_ -					
	•			-	
	* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.	Mid	s GNATURE OF OPERATOR	<u> </u>	
- 11		-	1		
	NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE MARCHESSAULT, WARREN	(NITIAL)	POSITION TITLE SPECIAL AGENT SUPV	. DATE 4/15	/6
	THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AN OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING T		THE FOLLOWING INFORMATION (THE
	CONTINUOUS SAFE DRIVING RECORD				
	INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAUL	T **	,		
	CERTIFY THAT THIS EMPLOYEE IS:			A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	
	QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECOFFICIAL BUSINESS.	ORD TO OPE	ERATE MOTOR VEHICLES ON	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	المعتبر المعتبر
	NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIF A ROAD TEST EXAMINATION BEFORE OPERATING A MOT				
	REMARKS:				
	78				
	67-NOT RECORDED MAY 13 1965	5		3/1	j Ja

** "AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST THE EMPLOYEE.

(SIGNATURE OF REVIEWING OFFICIAL)

5010-106

UNITED STATES GOVERNMENT

Memorandum

Director, FBI	DATE: 4/1.	
SUBJECT SA NICHOLAS J. PURCHIA PHYSICAL EXAMINATION	Attention:	Personnel Section
Remylet	·	
ReBulet	••	
Re physical examination Dental work was completed on Vision has been corrected to date) (name of person giving instr	· · · · · · · · · · · · · · · · · · ·	Employee specifically instructed
	uction/	
only when wearing the necessary glasses. Results of Chest X ray Datch test Durinalysis C	serology w	ere negative.
Results of chest X ray patch test urinalysis Enclosed physician's statement indicates he is qualified fo Enclosed are paid unpaid medical bills Attached are Bureau of Employees' Compensation forms	or strenuous p	
Results of chest X ray patch test urinalysis Enclosed physician's statement indicates he is qualified for Enclosed are paid unpaid medical bills.	or strenuous p	
Results of chest X ray patch test urinalysis Enclosed physician's statement indicates he is qualified for Enclosed are paid unpaid medical bills. Attached are Bureau of Employees' Compensation forms X Physical examination reports are enclosed.	or strenuous p	
Results of chest X ray patch test urinalysis Enclosed physician's statement indicates he is qualified for	or strenuous p	
Results of chest X ray patch test urinalysis Enclosed physician's statement indicates he is qualified for	or strenuous p	
Results of chest X ray patch test urinalysis Enclosed physician's statement indicates he is qualified for Enclosed are paid unpaid medical bills. Attached are Bureau of Employees' Compensation forms X Physical examination reports are enclosed. Employee is scheduled for physical examination on Physical examination report has been reviewed and initiale Employee returned to active duty Employee's physical condition is	or strenuous p	
Results of chest X ray patch test urinalysis Enclosed physician's statement indicates he is qualified for Enclosed are paid unpaid medical bills. Attached are Bureau of Employees' Compensation forms Physical examination reports are enclosed. Employee is scheduled for physical examination on Physical examination report has been reviewed and initiale Employee returned to active duty	or strenuous p	
Results of chest X ray patch test urinalysis Enclosed physician's statement indicates he is qualified for Enclosed are paid unpaid medical bills. Attached are Bureau of Employees' Compensation forms Physical examination reports are enclosed. Employee is scheduled for physical examination on Physical examination report has been reviewed and initiale Employee returned to active duty Employee's physical condition is UACB he is being removed from limited duty.	or strenuous p	
Results of chest X ray patch test urinalysis Enclosed physician's statement indicates he is qualified for	or strenuous p	
Results of chest X ray patch test urinalysis Enclosed physician's statement indicates he is qualified for	or strenuous p	
Results of chest X ray patch test urinalysis Enclosed physician's statement indicates he is qualified for Enclosed are paid unpaid medical bills Attached are Bureau of Employees' Compensation forms X Physical examination reports are enclosed Employee is scheduled for physical examination on X Physical examination report has been reviewed and initiale Employee returned to active duty Employee's physical condition is UACB he is being removed from limited duty UACB he is being placed on limited duty Remarks:	or strenuous p	

We HOL WILLOUIS HOUSE

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee:	NICHOLAS J.	URCHIA	069-16-	-6407	
Where Assigned:	NEW YORK (Division)			AL SECUR	ITY
Official Position	Title and Grade: _SI	PECIAL AG	ENT GS-13		
Rating Period: fro	m APRIL 1, 196	55	to March	31, 1966	
ADJECTIVE RATING	G:EXCELLEN		atisfactory, Unsatis		Employee's Initials
Rated by: WARREN MARCHE Reviewed by: JOHN F MALON Rating Approved by:	SSAULT Signature Signature Signature Signature	alone Can	SUPERVISOR Title ASSISTANT DI IN CHARGE Title Assistant Direct	IRECTOR	3/31/66 Date 3/31/66 Date
Jesting 4 N. 9	Official OXAnnual	REC-135	1=4/379	ministrative 69-Day 90-Day beransfer	36

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Emp	loyee NICHOLAS J. PURCHIA	Title SPECIAL AGENT, GS -13		
		Rating Period: from 4/1/65 to 3/31/66		
	RATING GUIDE ANI			
comp	pared.	nce should be rated. All employees in same salary grade should be		
Outsi	E ITEMS AS FOLLOWS: tanding (exceeding excellent and deserving of special commer sllent.	ndation).		
Unso	sfactory (good or very good). htisfactory. pportunity to appraise performance during rating period.			
 "Outstand narrative of the rather than any perfor such ratin A. Any el B. An off of the 	details, including reasons for considering each worthy of <u>Spec</u> nt." "Satisfactory" or "Unsatisfactory" adjective ratings will on following any mechanical formulas; however, for an employermance evaluation factors on the rating guide and check-list as a factors. Good judgment must be exercised to insure that ad lement rated "Unsatisfactory" must be supported by narrative ficial rating of "Unsatisfactory" must be supported in writing	depend upon the composite result of evaluating all rated elements se to be rated "Excellent" he must not be rated unsatisfactory on nd must be rated "Excellent" or "Outstanding" on the majority of ljective rating is reasonable in the light of elements rated.		
(2)	Personal appearance. Personality and effectiveness of his personal contacts.	(16) Firearms ability. (17) Development of informants and sources of		
	Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).	information. (18) Reporting ability: (a) Investigative reports (b) Summary reports		
	Physical fitness (including health, energy, stamina). Resourcefulness and ingenuity. Forcefulness and aggressiveness as required.	(a) Mamaa lattana minaa		
	Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. Initiative and the taking of appropriate action on own	(Consider:		
	responsibility. Planning ability and its application to the work. Accuracy and attention to pertinent detail.	(19) Performance as a witness. (20) Executive ability: (a) Leadership		
(11)	Industry, including energetic, consistent application to duties. Productivity, including amount of acceptable work	(b) Ability to handle personnel (c) Planning (d) Making decisions		
4	produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.	(e) Assignment of work (f) Training subordinates (g) Devising procedures (h) Emotional stability		
4	Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.	(i) Promoting high morale (j) Getting results (21) Ability on raids and dangerous assignments:		
_7(14)	Investigative ability and results:	(a) As leader (b) As participant (22) Organizational interest, such as making of suggestions for improvement.		
<u>E</u> (15)	(d) Applicant cases (e) Accounting cases Physical surveillance ability.	(23) Ability to work under pressure. (24) Miscellaneous. Specify and rate: Dictation ability		
A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):				
SECURITY SECURITY				
B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):				
 C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.) (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.) 				
D. 1. Has en leave or I question	mployee had an abnormal sick leave record during rating period LWOP for illness) during rating period than the amount of sic is "yes," explain in narrative comments.)	od? No_2. Has employee used more sick leave (including annual ok leave earned during such period? NO_(If answer to either		
E. Is employ If answer (b) Is phy	vee qualified to operate a motor vehicle incidental to his offic is "yes," personnel f <u>ile must reflect the following:</u> (a) Has ysically fit to drive. (c) Past safe driving record OK or has p	ial duties?XX Yes No valid State or local operator's license for type vehicle he is to use. passed Bureau road test.		
ADJECTI	IVE RATING: EXCELLENT	EMPLOYEE'S INITIALS		
	Outstanding, Excellent, Satisfactory	y, Unsatisfactory		

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA PURCHIA is of average height and build. He dresses neatly and makes a fine appearance. He has a likable personality and meets people well.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

This agent has participated in dangerous assignments and he is also capable of participating in raids.

3. <u>LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:</u>

None

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA PURCHIA has been assigned cases involving investigations of Communist front organizations, especially those involving the Jewish field. He has demonstrated himself to be far above the average. He has shown outstanding initiative, resourcefulness, force and aggressiveness. He is a most loyal agent and has an outstanding attitude. He is always willing to be of assistance and is most cooperative. He is the type of agent who can handle the most complicated investigative matter without any supervision. He can always be depended upon to do an outstanding job.

In connection with the applicant recruitment program, he has remained very alert to the Bureau's need in this regard. He has spoken to several potentials in an effort to obtain applicants.

Not /

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

This office is in receipt of a general letter of commendation from the Bureau involving a Destruction of Government Property case. This agent participated in that investigation.

6. <u>DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:</u> (List items taken into consideration on rating guide and check list.)

None

7. PARTICIPATION IN INFORMANT PROGRAMS:

This agent has developed one Panel Source. It will be noted that the type of case being handled by this agent presents a great many obstacles to the development of informants.

8. TESTIFYING EXPERIENCE AND ABILITY:

None during rating period.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

. NA

11. RESIDENT AGENTS:

NA

Ry

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13.	FOREIGN LANGUAGE ABILITY: NONE
	Language in which proficient Completed language school Yes No Fluent in language to extent Agent can handle typical investigative problems as follows: (1) Conversation form Yes No (2) Written form Yes No Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory
	Language Read Write Speak Understand
	Frequency language ability used during rating period:
	Frequency of use of language ability anticipated during ensuing year:
14.	ADMINISTRATIVE ADVANCEMENT:
	(a) Agent is interested in administrative advancement. Yes X No
	(b) Agent is completely available for administrative advancement. Yes No
	(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance.
-	(d) If answer to (c) is "Yes," Agent's qualifications considered yery good excellent outstanding
	(e) If answer to (c) is "No," Agent considered to have potential for future administrative advancement. (If applicable, explanatory comments required.) Yes No

JUN 2 1966 -

er = 15.2



UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI	DATE: 5/23/66
FROM : SAC, NEW YORK	Attention: Personnel Section
SUBJECT: NICHOLAS J. PURCHIA SPECIAL AGENT	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH
X Remylet <u>5/9/66 (FD 208)</u> ☐ ReBulet	==:
Re physical examination Dental work was completed on Vision has been corrected to	Employee specifically instructed
only when wearing the necessary glasses. Results of chest X ray patch test urinal;	ified for strenuous physical exertion and use of firearms.
Physical examination reports are enclosed. Employee is scheduled for physical examination on physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the physical examination and in the	
Physical examination report has been reviewed and in the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the	1966
Remarks:	
(2) - Bureau (Engl)	farther action

b6 b7C

* 1							
	PUI	RCHIA, NICHOLAS	1. MAY 25	5 1925	TIFICATION NO	069-16	-6407
1		ype - Last, First, Middle Initial)	183.11	/ /	м (Mo., Day, Hr.)		NO. OF
,	ORGANIZATION	_ ,	ر "دن	1 -	10/11	8:15.m. XV.M.	HOURS
		FBI New York	<u>W</u> 12		2/66 Mo., Day, Hr.)		120
	TYPE OF LEAV	EWITHOUTCOMPE	EN. OTHER		/20/66	Z.X.	
	ANNUAL 2	deter I IDAY I ISATOR	<u> </u>	(1)		5 ()() p.m.	<u> </u>
	I understand that a	any annual leave authorized in excess			UNDERGOING	S MEDICAL F	DENTAL
	NOTE TO	DURING THIS ABSENCE I WAS INCAPACITATED FOR DUT BY SICKNESS OR INJURY		REGNANCY NEMENT .	TREATMENT	EXAMINATIO	
	(If you are	. \	NAME AND RELA	TIONSHIP OF FAMIL	Y MEMBER AND	NAMEOFU	,
	applying for	REQUIRED TO CARE FOR	_ _,.	. ;			
	sick leave check appro-	WITH CONTAGIOUS DISEAS	NAME OF DISEASI	E AND CIRCUMSTAN	CES OF EXPOS	URE	•
	· priate box)	REQUIRED TO BE ABSENT		,	•	' , , '	.
		BECAUSE OF EXPOSURE	´			·	
. ,	REMARKS		(SIGNATURE OF E	MPLOYEE .	' ; 0	DATE	24
•			M. O.A	$(X, Y) \subset X$	ليتنبي وكرازين	5/23/	66
			Micani.	~ (1. X).	220000		
	STANDARD FORM 71	71-105 A	PPLICATION FOR	LEAVE	U.S	. CIVIL SERVICE C CHAPTER L-1,	OMMISSION
	REVISED MARCH 1941	,,=.05					••••
				,			
-				,			و منشد
		7,000				na consession on confidence	· · · · · · · · · · · · · · · · · · ·
		CERTIFIC	ATE OF PHYSICIA	N OR PRACTITIO	NER	ing change to like your or definition	· · · · · · · · · · · · · · · · · · ·
· ·	The employee na was such that I c	CERTIFIC med was under my professional care of the considered it inadvisable for him to rep	CATE OF PHYSICIA during the period stated ort to work.			s condition duri	ing this period
	The employee na was such that I c	med was under my professional care on onsidered it inadvisable for him to rep	during the period stated		ical standpoint, hi	s condition duri	ing this period
	NAME OF EMP	med was under my professional care of onsidered it inadvisable for him to rep	during the period stated	POSITION OCCUP	ical standpoint, hi	s condition duri	ing this period
	NAME OF EMP	med was under my professional care onsidered it inadvisable for him to rep LOYEE DLAS J. PURCHIA RIFROM (Mo., day, year)	during the period stated	below. From the med	ical standpoint, hi	s condition duri	ing this period
	NAME OF EMP	med was under my professional care of considered it inadvisable for him to repute DLAS J. PURCHIA	during the period stated	POSITION OCCUP SPECIAL THROUGH (Mo., d	ical standpoint, hi IED AGENT ay, year)	s condition duri	ing this period
·	NAME OF EMP NI CH(PERIOD UNDE: PROFESSIONAL CARE	med was under my professional care of considered it inadvisable for him to reput to the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of th	during the period stated ort to work.	POSITION OCCUP SPECIAL THROUGH (Mo., d	ical standpoint, hi AGENT ay, year) 1966	,	ing this period
P:	NAME OF EMP NICH(PERIOD UNDE: PROFESSIONAL CARE REMARKS H	med was under my professional care onsidered it inadvisable for him to replace DLAS J. PURCHIA FROM (Mo., day, year) May 1, 1966 emorrhoidectomy,	during the period stated out to work.	POSITION OCCUP SPECIAL THROUGH (Mo., d May, 20 fissure.	ical standpoint, hi AGENT ay, year) 1966 Sphincter	rotomy	
 P:	NAME OF EMP NICHO PERIOD UNDER PROFESSIONAL CARE REMARKS H Diient is	med was under my professional care onsidered it inadvisable for him to replace to the professional care on sidered it inadvisable for him to replace to the professional care of considered it inadvisable for him to replace to the professional care on the professional care on the professional care on the professional care of the professional care on the professional care of the professional care of care of the professional care of care of the professional care of care of the professional care of care of the professional care of care of the professional care of care of care of the professional care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of care of	Excisoon of renuous physect Ave. Ha	SPECIAL THROUGH (Mo., d May, 20 fissure, s sical exer	ical standpoint, hi AGENT ay, year) 1966 Sphincter	rotomy	
P:	NAME OF EMP NICHO PERIOD UNDER PROFESSIONAL CARE REMARKS H Diient is	med was under my professional care onsidered it inadvisable for him to report to the professional care on sidered it inadvisable for him to report to the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care of the professional care	Excisoon of renuous physect Ave. Ha	SPECIAL THROUGH (Mo., d May, 20 fissure, s sical exer	ical standpoint, hi AGENT ay, year) 1966 Sphincter	rotomy Luding (
P:	NAME OF EMP NICHO PERIOD UNDER PROFESSIONAL CARE REMARKS H Diient is	med was under my professional care considered it inadvisable for him to replace to the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the propert	Excisoon of renuous phy	POSITION OCCUP SPECIAL THROUGH (Mo., d May, 20 fissure, sical exertickensack,	ical standpoint, hi AGENT ay, year) 1966 Sphincter ion incl M.J.	rotomy Luding (
P	NAME OF EMP NICHO PERIOD UNDER PROFESSIONAL CARE REMARKS H Diient is	med was under my professional care considered it inadvisable for him to replace to the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the propert	Excisoon of renuous phy ect Ave. Ha	POSITION OCCUP SPECIAL THROUGH (Mo., d May, 20 fissure, sical exertickensack,	AGENT ay, year) , 1966 Sphincter cion incl N.J.	rotomy Luding (

U.S. GOVERNMENT PRINTING OFFICE : 1961 0-572735

Chile Chi

May 11, 1966

Mr. Nicholas J. Purchia 91 Blauvelt Street Teaneck, New Jersey 07666

Dear Mr. Purchia:

I am sorry that it was necessary for you to undergo an operation, and hope your convalescence is proceeding satisfactorily.

You should follow closely your physician's instructions and remain away from work as long as he deems it advisable.

Sincerely,

J. Edgar Hoover

1 - SAC, New York (Personal Attention)

Address obtained from file.

Memo 4-29-66, from SAC, advised employee commenced sick leave on 5-2-66 for a hemorrhoidectomy operation. He will return about 5-23-66.

OF NOT RECORDED

low

Tolson DeLoach Mohr Wick Casper Callahan Conrad Felt -Gale Sulliyan Tavel Trotter Tele. Room Holmes

Gandy

MAIL ROOM TELETYPE UNIT

(2)





UNITED STATES GOVERNMENT

Memorandum

5/9/66 Director, FBI DATE: SAC, NEW YORK SUBJECT: (Employee) NEW YORK (Division) **ILLNESSES** Nature of illness: (Indicate extent of, description, and current condition under Remarks) (Date of surgery and postoperative condition must be indicated under Remarks) Diseαse Operation Accident Injury Expected date of return to duty Date sick leave commenced Date ceased active duty Confined at: ☐ Hospital Residence Address: Re FD 208 dated 4/29/66. SA PURCHIA underwent surgery on He is presently convalescing at home and his condition is 5/2/66. satisfactory. **DEATHS** ☐ Brother Son Daughter Sister Father Mother Spouse (Name of deceased) Date and place of death Employee's residence address If employee is leaving residence because of this death, what will be his temporary address, and when (time and date) . does he plan to leave there to return home? Also indicate anticipated time and date of return home. Anticipated time and date of refurn Time and date of departure EN NOW REFOORDING Remarks: - Bureau New York

b6

b7C

UNITED STATES GOVERNMENT

Memorandum

O ~ :	Director, FBI		DATE:	4/29/66
.nn				
Jaims	6.5 			Moly
ROM :	SAC, NEW YORK			024
	SA NICHOLAS J PURC	ut v		South 1
UBJECT:		—————		
•	(Employee)			$^{\prime\prime}/\mathcal{R}_{\ell_{s}}$
	NEW YORK			Mr v
	(Division)			4
ILLNES	SES			
	of illness: (Indicate extent of, desc	cription, and current cond	lition under	Remarks)
	· · · · · · · · · · · · · · · · · · ·		(Date	of surgery and postoperative condition be indicated under Remarks)
<u> </u>	ident Injury Dise	ease X Operation Date ceased active duty	must (Expected date of return to duty
1		M April 29,	1966	About May 23, 1966
	y 2, 1300	II APITI 209		The out hay it, it
Confine	d at: X Hospital Res	sidence		
	II - dan ale II			
Addres	Hackensack Hos 22 Hospital Pl			
	Hackensack, Ne	ace w Tensey N76	nπ	
	nackensack, ne	.w ociacy oro	-	
Remark	s: SA Purchia exp	ects to be in	the ho	ospital for 5-6 days and
	at home for two week	s convalescen	ce. He	will have a
hemor	rhoidectomy operation	on.		
DEATH	s	· ·		
- Fa	her Mother Spo	ouse Brother	☐ Si:	ster Son Daughter
ال ۲۵	iner womer spo			
				Other(Relationship)
	(Name of dec	ceased/	···	(Relationship)
Date a	nd place of death			
	·			
Employ	ee's residence address			
If empl	oyee is leaving residence because of he plan to leave there to return hom	of this death; what will b ne? Also indicate antici	e his tempo pαted time o	orary address, and when (time and date) .
	no plan to louro more to sevent men	•	•	•
-		•		
		<u> </u>		
	Time and date of departur	re -		Anticipated time and date of return
Remar	is:)	,	ر ہ س
	(a) to	6 (21)	nole	
ستخد	No		5-14	
(6)	Bureau On-1000		19	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P
Sander.	lew York	Mark July 1	0.	
WM:I	10			, , , , , ,
(2)				

b6 b7C FD-277 (Rev. 3-6-63)
OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

5010-106

UNITED STATES GOVERNMENT

Memorandum

TO :	Director
MAN	,
FROM:	SAC,
Hah	
SUBJECT	Y
$\Theta(I)$	
9	

Director, FBI

DATE: 3/15/66

Attention: Personnel Section

NEW YORK

SA NICHOBAS PURCHIA PHYSICAL EXAMINATION

Remylet ReBulet	•
Re physical examination	·
Dental work was completed on	
Vision has been corrected to	Employee specifically instructed
by	that he can operate a Bureau car
only when wearing the necessary glasses.	
Results of chest X ray patch test urinalysis serology v	vere negative
Enclosed physician's statement indicates he is qualified for strenuous	•
Enclosed are paid unpaid medical bills.	physical encirca and ase, or meaning
Attached are Bureau of Employees' Compensation forms	
·	
Physical examination reports are enclosed. Employee is scheduled for physical examination on Physical examination report has been reviewed and initialed. Employee returned to active duty	· · ·
Employee's physical condition is	 • .
UACB he is being removed from limited duty.	- V
UACB he is being placed on limited duty.	•
Remarks:	
External hemorrhoids-mild.	
Encs. 2 3 EJM: paq (2)	MOI BECOEDEDE
	TER

December 9, 1966

PERSONAL

Mr. Nicholas Jl/Purchia Federal Bureau of Investigation New York, New York

Dear Mr. Purchia:

I note that today marks your Twentieth Anniversary with the FBI and I want to take this opportunity to express my gratitude for the loyalty and devotion which have been typical of your tenure of service. In recognition of this special occasion I wish to present your Twenty-Year Service Award Key.

Throughout the years the Bureau has had to assume new responsibilities which have been honestly and faithfully discharged. No small measure of the credit is due to our conscientious and experienced personnel who in truth represent the strong foundation on which our growing organization rests. It is encouraging indeed to know that we are staffed with competent associates such as you who are so willing and enthusiastic about handling their duties.

MAILED 3 DEC - 2 1966 COMM-FBI

This Key is a token of our appreciation. May it always be a reminder of those things for which the FBI stands

Tolson DeLoach Mohr Wick Casper Callahan Conrad

Felt.

Gale Rosen Sullivan With best wishes and kind regards,

Sincerely,

U. Edgar Hoover

Enclosure

SAC, New York (Personal Attention)



UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

J. Edgar Receen, Director

Dear Sir

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO	THE BUREAU	J
Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA NICHOLAS J. PURCHIA	106	21/66 HEW YORK
The following person is designated as my beneficiary for Spe Name (primary beneficiary: use given first name if female)	ecial Agents Ins	
Address		Relationship WIFE
91BLAUVELT STREET	EANE	
Name (contingent beneficiary, if desired; use given first name	e if female)	Relationship
Address	-	b6
Do you desire to designate the above-listed beneficiaries as Chas. S. Ross Fund as well? Yes No If not, the The following person is designated as my beneficiary.	ne entire follow	ing portion must be executed.
beneficiary of agents killed in the line of duty, other than tre	avel accidents.	s. o. noss rand providing 41500 death benefit to
Name (primary beneficiary; use given first name if female)		Relationship WIFE
91BLAUVELT STREET, T	EANEC	
Name (contingent beneficiary, if desired; use given first nam	e if female)	Relationship
Address	*	*
	• ***	Very truly yours,
Payment Cresived Special Insurance Fund OCT3 4. 35	,	Micholas Surchia

FORM 8-542 (9-14-64) APPROVED COMP. GEN. U.S. 4-5-63 IN LIEU OF SF 1126

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FI	RST, MIDDLE				SOCIAL SECURIT	Y NUMBER
	0 Y ₁	,			ا المحال الماء الماء الماء الماء الماء الماء الماء الماء الماء الماء الماء الماء الماء الماء الماء الماء الماء	· 4() 7
		NOTIFICAT	ION OF BASIC CHANGE			
CODE - NATURE O	F ACTION,			EFFECTIVE DATE	DATE OF L	ASTEQUIV. INCR.
892 - 0	UALITY INCREASE	896	6 - ADMIN. PAY INCREASE			
893 - V	VITHIN GRADE INCREASE	897	7 - ADMIN. PAY DECREASE			
894 – F	PAY ADJUSTMENT	OTH	HER (SPECIFY IN REMARKS)	, 4); 6	† <u>L</u>	13,116.4
GRADE OR LEVEL	STEP OR RATE	OLD SALARY		NEW SALARY		קריי ניי או
	- , ,		9.1		, n	d \^
t ===			1, 11, 1		() () () () () ()	. 0
n-m/an/a\		DATA O	N UNPAID ABSENCE	1 BIV 6717115 17 FU	AC WAITING BEDIAN	INITIALC
PERIOD(S)			TOTAL EXCESS	i PAY SIAIUS AI ENI	O OF WAITING PERIOD	INITIALS
						1/10.
					415	- Shall hand
	OYEE'S WORK IS OF AN ACCOMPLE'S PERFORMANCE RATE OF AN ACCOMPLETE OF AN AC	ATING IS SATIS			- 	
<u> </u>	13 SEP 9	1966	IUHN EDG	AR HOOVER	DEDCOMME	(DATE), ASS.
				ECTOR	PERSONNEL	THE CUPY

FEDERAL BUREAU OF INVESTIGATION IN UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

	Name of Employee:	NICHOLAS J. DURCHIA	#069-16-646	07
	Where Assigned: _	NEW YORK (Division)	INTERNAL SECUR (Section, Unit)	ITY
	Official Position T	Title and Grade:SPECIAL_	AGENT, GS-13	
	Rating Period: from	APRIL 1, 1966	toMARCH 31, 196	57
	ADJECTIVE RATING:	EXCELLENT Outstanding, Excellent,	Satisfactory, Unsatisfactory	Employee's Initials
THOMAS	Rated by: J. CROKE	Thomas & Croppe Signature	SUPERVISOR Title SPECIAL AGENT	3/31/67 Date
DONALD	Reviewed by: NO.	Signature		3/31/67 Date
	Rating Approved by	Les Conditions	Assistant Director AFK Title	11 1307 Date'
		TYPE OF RI	EPORT	
		Official Annual	Administrative 60-Day	
	REC- <u>143</u>	67-43/79/ Searched 4 APR 10 1967	Transfer	from Service
2 1	APN 181987			

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

NICHOLAS J. PURCHIA

Na	e of EmployeeNICHOLAS J. PURCHIA
=	RATING GUIDE AND CHECK-LIST
Gui 1. 2.	
	(1) Personal appearance. (2) Personality and effectiveness of his personal contacts. (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). (4) Physical fitness (including health, energy, stamina). (5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required. (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. (8) Initiative and the taking of appropriate action on own responsibility. (9) Planning ability and its application to the work. (10) Accuracy and attention to pertinent detail. (11) Industry, including energetic, consistent application to duties. (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. (14) Investigative ability and results: ———————————————————————————————————
	Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): SECURITY
۵.	Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): INVESTIGATOR
	 Is employee available for general assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.) Is employee available for special assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)
D.	1. Has employee had an abnormal sick leave record during rating period? NO 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? The (If answer to either question is "yes," explain in narrative comments.)
E.	(s employee qualified to operate a motor vehicle incidental to his official duties? [X] Yes No (f answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
	ADJECTIVE RATING:EXCELLENT EMPLOYEE'S INITIALS
	Outstanding, Excellent, Satisfactory, Unsatisfactory

NARRATIVE COMMENTS

- 1. PERSONAL APPEARANCE AND PERSONALITY:
 SA PURCHIA is of average height and build. He dresses neatly
 and conservatively in a business-like fashion. He has a likeable
 personality and is well regarded by his fellow employees.
- 2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:
 Although SA PURCHIA has not participated in raids and dangerous assignments during the rating period, he is capable of handling such assignments.
- 3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING

 PERFORMANCE; AND SICK LEAVE INFORMATION:

 SA PURCHIA utilized 133 hours of sick leave. 120 hours of this sick leave was utilized when SA PURCHIA was hospitalized for an operation. This sick leave is supported by a doctors certificate. This sick leave is not considered abnormal and there are no limits to SA PURCHIA's availability.

 4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE.

TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA PURCHIA has been assigned cases involving the investigation of Cominfil and Communist front organizations. SA PURCHIA is a highly competent and conscientious agent who handles his investigations with a great deal of enthusiasm displaying a high degree of resourcefulness and initiative. He is a most loyal agent and has an outstanding attitude. He is very cooperative and has accepted extra assignments most willingly.

SA PURCHIA can handle the most complicated investigative matter without any supervision. His work is always far above average.

In connection with the applicant recruitment program, he has remained very alert to the Bureau's need. He has spoken with several potentials in an effort to obtain applicants.

Initials

5.	NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:
	NONE
6.	DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:
	(List items taken into consideration on rating guide and check list.) NONE
	•
7.	PARTICIPATION IN INFORMANT PROGRAMS: SA PURCHIA has participated in the informant program but to date
	has not developed any informants.
	*
8.	TESTIFYING EXPERIENCE AND ABILITY: None during this rating period but every indication is that
	SA PURCHIA would be an excellent witness.
0	A GGOLINEING INFORMATION
9.	ACCOUNTING INFORMATION:
	NA
	•
10.	POLICE INSTRUCTION:
	NA
11.	RESIDENT AGENTS:
	NA ~

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE: NA

13.	FO:	REIGN LANGUAGE ABILITY: NONE			
	Con Flu prol	guage in which proficient	,		
		<u>Language</u> <u>Read</u> <u>Write</u>	Speal	<u>Understan</u>	ıd
14.	Fre	quency language ability used during rating per quency of use of language ability anticipated		uing year:	•
14.	ADI	MINISTRATIVE ADVANCEMENT:			
	(a)	Agent is interested in administrative advancement.	☐ Yes	X No	
	(b)	Agent is completely available for administrative advancement.	☐ Yes	□ No	
	(c)	Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance.	☐ Yes	No	
	(d)	If answer to (c) is "Yes," Agent's qualifications are considere very good excellent outstanding	d		
	(e)	If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.)	┌┐ Yes	□ No	
			_ ~ ~ ~		





UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU Official Bureau Name (please type or print) Office of Assignment (or SOG Division) The following person is designated as my beneficiary for Special Agents Insurance Fund: Name (primary beneficiary: use given first name if female) Relationship b7C Address IBLAUVELT STREET TEANEC Name (contingent beneficiary, if desired; use given first name if female) Relationship Address Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? Yes No If not, the entire following portion must be executed. The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents. Name (primary beneficiary; use given first name if female) Relationship Address Name (contingent beneficiary, if desired; use given first name if female) Relationship Address Very truly yours, Payment Received Special Agents Insurance Fund

8-ecd

MAR 1 7 1967

J. Edgar Hoover, Director

Memorandum

TO ·

DIRECTOR, FBI

DATE: 1/24/67

FROM

My VI

SAC, NEW YORK

SUBJECT:

FOREIGN TRAVEL PLANS OF SA NICHOLAS J PURCHIA

SA NICHOLAS J. PURCHIA, his wife and two children are to travel to Ireland, England, France and Italy this coming summer. No travel will be made to the USSR or to any country behind the "iron curtain".

SA PURCHIA and his family will depart New York, New York, 7/6/67 returning 8/17/67 UACB.

2 - Bureau (RM)

1 - New York (66-7232) (FOREIGN TRAVEL)

1 - New York (PERSONNEL FILE SA NICHOLAS J. PURCHIA)

TJC:mrm (4)

noted 5/67

19, 14, oc 7, stuff

THE STATE OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE

A

T RECORDED

TAN GE Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

			***************************************			The first
Standard Form (Rev. Jake IV. Bureau of the Bu Circular A-32 (R.	6) dget	REPO	RT OF MEDICAL	EXAMINATION		88-104-01
1. LAST NAME-	FIRST NAME-MIDDLE NAME		, t	2. GRADE AND COMPONENT OR	FOSITION	3. IDENTIFICATION NO.
HURCH	HIB, NICH	<u> Carto</u>	NORAL .			
4, HOME ADDRES	S (Number, etred or RFD, e	ily or lawn, cone	and State)	5. PURPOSE OF EXAMINATION	.]	6. DATE OF EXAMINATION
9 BLA		TEX	的标识性、翻译		1	
7. SEX	8, RACE	9. TOTAL YEAR	S GOVERNMENT SERVICE		ANIZATION UNIT	
177	MA		CIVILIAN S 6 YES.	Millian Foll		
12, DATE OF BIRT	H 13, FLACE OF BIRT	He separate to the		14, NAME, RELATIONSHIP, AND A	ddress of Next	OF KIN.
8 2-8 1	CILITY OR EXAMINER, AND A	DDRESS	ITY, MY	16. OTHER INFORMATION	·	
USAT	Service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the servic	ASTE ATT				
17. RATING OR SE		1		TIME IN THIS CAPACITY (Total)	L	AST SIX MONTHS
* 1	in the second second second second second second second second second second second second second second second		· · · · · · · · · · · · · · · · · · ·			
	CLINICAL EVALUATION each item in appropriatenter. "NE" it not evalue	to col- ABNOR-	NOTES. (Describe every comment. Co	shnormality in detail. Ent ntinue in item 73 and use ac	er pertinent it Iditional sheet	em number belore each s il necessary.)
	enter "NE" it not evalue FACE, NECK, AND SCALP	nted.) MAL			· · · · · · · · · · · · · · · · · · ·	•
19. NOSE						•
20. SINUSI	ES .			Safe and the		•
	H AND THROAT	11-392			-	•
	-GENERAL (Int. & est. canols) scale ander ilems 7 S (Perforation)	0 and 215			,	*
`	GENERAL (Visual acuity and a under items 59, 60 a	refraction			· •	
	HALMOSCOPIC	1		New	shows	prin an air
, 26. PUPIL	S (Equality and reaction)				ce pl	ing hom examts
	R MOTILITY (Associated paral	A	-	, vn 11	المار كبير	prev adv dif up from exemp
and the same of the same of	S AND CHEST (Include breast) I (Thrust, size, rhythm, soun	r - there there we depute a		the property with a fee highly work of the reading toward with ex-	AND THE PARTY WAS THE WAS THE	Wa 4-24-1
	ILAR SYSTEM (Varicosities, et				, '	100
	MEN AND VISCERA (Include h				,	,
- 32. ANUS	AND RECTUM (Hemorehoids, fig.	(ulae) catcd)	35 SITURAGLE	, ,		4
	CRINE SYSTEM		No KECH	ac masser		-
34. G-U S	EXTREMITIES (Strength, range matter)	6.01				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
35, UPPER	(Extremities motion)			67-4/	3 79	7-108
	REXTREMITIES (Except feet) (Strength.range)	of metron)	P. S.	Searched	Number	ed
	OTHER MUSCULOSKELETAL			7	APR 18	1967 7)
	IFYING BODY MARKS. SCARS, 1	FATTOOS		á V	11 //	
	LYMPHATICS OLOGIC (Equilibrium lests under	· · · · · · · · · · · · · · · · · · ·	The same same	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	1	
	HATRIC (Specify any personality		Elighos will		(%	
	C (Females only) (Check how		2.7		100	l.
	UVAGINAL [(Continue in item	i 73)	
44. DENTAL (Place			f upper and lower teeth, tespection	- 1	REMARKS AND D	ADDITIONAL DENTAL ISEASES
(-Nonrestora		X-Missin XXX-Replace	ed by dentures	X8)—Fixed bridge, brackets to include abutments		
R X 12	3: X 5) 6	· 7. 8	9 10 11 12	13 14 15 18 E	CL -	1
G 32 (31	25 69 23 27	26 25	24 23 22 21	20 15 18) H F		•
1 %	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	· .		I		
IE pouts voe	A EDECIFIC COAUGOU 3 A		LABORATORY FINDI			10
B. ALBUMIN NE	A. SPECIFIC GRAVITY. 1.0		clt amorphous se	46, CHEST X-RAY (Place, date,		n NY dry reading
c. sugar NF		lt bact	-	C 32.747 3	lJan67 No	egative
-	pecify test used and result)	48, EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS		
CMF NEGAT	TVE	WIL	, majori			

		,						Care.		\rightarrow
	MEAS	UREMENTS /	AND OTHER	FINDINGS			Jegus V. S.			
HEIGHT 52. WEIGHT 53. C		COLOR EYES	55. BUILD			и Ине	AVY 🗆 o	BESE	S6. TEMP	ERATURE
BLOOD FRESSURE (Jirm at heart	lecel)	58.			, PU).	SE (Arm c	heart level)			
A. SYS P B. SYS. DIAS. 10 RECURBENT DIAS.	C. SYS. STANDING DIAS.	A SITT	ing b	, after ex	ERCISE	C. 2 MIN. A	FTER D.	RECUMBEN	E. AFTER 3 MIN.	STANDING
NOISTANT VISION	€9.	REFRACTIO	DN			61.		NEAR VISIO	N	
GHT 20/ 📆 🐧 , CORR. TQ 20/	BY + 1,3 2	s.	- , 0)	ζ.		1200 120	CORR. TO	3,	BY	**)
FT 20/ 12/2) CORR, TO 20/	BY and for the	S.	0)	¢		1	CORR. TO	- i	BŸ	122
. HETEROPHORIA (Specify distance) ES EX EX R. 1	•	- 3365	ender 1.		PRISM I		,	FC	i	ים י
0 0 5			oct.	······································	CT				,	
ACCOMMODATION	64. COLOR VISION (Test used and area.	result)		65. DEP	TH PERCEP s! used and	score)	UNCORF		
GHT LEFT			(ا ا ع		50 pm	LENS TEST		CORREC		THEION
. FIELD OF VISION	67; NIGHT VISION (Test nocu alta s	cute)		יס. אבט	reud 1521	1	63. IN	RAOCULAR T	ENSION
HÉARING	71.	AU	DIOMETER	<u> </u>		72.	PSYCHOLOGIC	AL AND PS	CHOMOTOR	
GHT WV /15 SV /15	250 S	500 1000 1024	2000 3000 2048 2550	4000 4006	6000 6144	8000 8193	(Tests used a	nd arote)		
EFT WV /15 SV /15	RIGHT 3		XX	7.6		32		•		
. NOTES (Continued) AND SIGNIFICANT OR INTERV	LEFT //	21371	11112	KNEP P	بَعْلَ عِلَا الْمِ	215-01				
						_				*
					. '>					
-					•		-			,
						•	· · · · · · · · · · · · · · · · · · ·			
and the second second	to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	(Y, , e == 2) apalesteris to	, · · · · · · ·	v* 1	u n°a +≠		'	ř.
			*	, , , , , , , , , , , , , , , , , , ,	,		÷ *			ı
										•
			l sheets if neces.	83TV)		-				
4 SUMMARY OF DEFECTS AND DIAGNOSES (List di	agnoses with item nur	mbera)	·: ·		ď.			,		•
	, , , , , , , , , , , , , , , , , , ,						, -	•		
	3				ŧ					
		**	•		1 1	-				
			···	-				·		
5. RECOMMENDATIONS—FURTHER SPECIALIST EXAM	MINATIONS INDICATED	(Specify)	` , , ⁻	```,`,`,		76.		PHYSICAL		
			4" - 1" "	• *	•) U	L	H	E 5
, examinee (Check)		· ·	<u> </u>	 			L	<u> </u>		
LE 19 QUALIFIED FOR	retention			, d ,			В,	PHYSICAL C	ATEGORY	
8. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECT:					· .		A	В	С	E
ATTORIO E. FRIES,	CPT. MC		sic	SNATURE	Jan's		Finis	Cola	LC accountable	
OF TYPED OR PRINTED NAME OF PHYSICIAN	A. M. C. M. C.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	SIG	NATURE	edme.	***************************************		}		
M. typed or printed name of dentist or physic EARL H. MCCLENDON, CPT, DC	CIAN (Inditate which)		sto	SNATURE SPALA		7 第2-Cm		and the second	32.4	
2 TYPED OR PRINTED NAME OF REVIEWING OFFICER	OF OVING AUTH	ORITY		NATURE	Ina		M		NUMBÉR TACHED	OF AT- SHEETS

14 MAR 1507

U.S. GOVERNMENT PRINTING OFFICE - 1969-0-540914

Standard Form 89
(Rev. Aug. 1950)
BUREAU OF THE BUDGET
Circular A-32

18. FAMILY HISTORY

AGE

STATE OF HEALTH

RELATION

	REPORT	OF	MEDICAL	HISTORY
· -:/	/	•-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

89-103-01

RELATION(S)

19. HAS ANY BLOOD RELATION (Parent, brother, sister, other)
OR HUSBAND OR WIFE:

(Check each item)

CIRCULAR A-32	REPORT OF MEDICA		03=103=01
THIS IN	FORMATIC FOR OFFICIAL USE ONLY AND WILL NO	T BE RELEASED TO UNITED PERSONS	
1. LAST NAME—FIRST NAME—MIDDLE NAME		2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
PURCHIA, MICH	OLAS JOHN		
4. HOME ADDRESS (Number, street or RFD,	city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
		PANYUAL	
PICERVIELT ST	, TEAMERK, M.J	PHYSICHL	1/3/167
7. SEX 8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY 11. ORGANIZATION UI	TIN
M	MILITARY CIVILIAN VAS-	Tuka FBI	
12. DATE OF BIRTH 13. PLACE OF B	RTH T	14. NAME, RELATIONSHIP, AND ADDRESS OF NE	EXT OF KIN
8 /28/13 HEW	YORK CITY	A	
15. EXAMINING FACILITY OR EXAMINER, AND A	DDRESS *	16. OTHER INFORMATION	
	ULTON, NY		
17. STATEMENT OF EXAMINEE'S PRESENT HEAL	TH IN OWN WORDS: (Follow by description of past h	istory, if complaint exists)	

AGE AT DEATH

YES

NO

Coop

IF DEAD, CAUSE OF DEATH

FAT	HER		86	FAIR							Birs	HAD TUBERC	ULO	SIS				
МО	THER		76	FAIR							Experies.	"HAD SYPHIL	S					
SPC	USE	_	u 5	Good						سسا		HAD DIABETE	S			F177	"HE B	
			100	Goob							1	HAD CANCER						
BRO	THE	RS SEA		ASP							1	HAD KIDNEY	TRO	UBL	E			
	AND										مما	HAD HEART	rol	JBLE				
s	ISTER	s 🖘 🗸	-	DECENSEL	9		rheumatic He	A) K	27	80 ham		HAD STOMAC	H T	ROUI	BLE			
											1	HAD RHEUM		-				
СН	LDRE	N								V		HAD ASTHM HIVES	A, 1	IAY	FEVER.	FA	THER	<u>. </u>
~	a	*	*	Good							12000	HAD EPILEPS	Y (I	Tits)				
E	. O		17	Geo B							Cari-	COMMITTED	SUIC	IDE				
											in the second	BEEN INSANE	:					
20.	HAVE	YOU EV	ER HAD	OR HAVE YOU NOW (F	Place	chec	k at left of each item)											
YES	NO		(Check	(each item)	YES	NO	(Check each item)	YES	NO	(Chec.	k each i	item)	YES	ИО	((Check e	ach item)	
	100	SCARL	ET FEVE	R, ERYSIPELAS		1	GOITER		See C	TUMOR, GROV	VTH, CYS	T, CANCER		7	"TRICK"	OR LOC	KED KNEE	
	10	DIPHT	HERIA			3.0	TUBERCULOSIS		350	RUPTURE				3,1	FOOT TE	OUBLE		
	1.00	RHEUM	ATIC FE	VER	Γ	1	SOAKING SWEATS (Night sweats)		13,000	APPENDICITIS				200	NEURITI	3		
	1,00	SWOLL	EN OR P	AINFUL JOINTS		E.S.	ASTHMA	Ser.		PILES OR REC	TAL DISE	ASE		5,00	PARALY	SIS (Inc.	infantile)	
1		MUMPS	5			\$ 66	SHORTNESS OF BREATH		1	FREQUENT OR	PAINFUL	URINATION		20	EPILEPS	Y OR FITS	S	
	1	WHOOF	ING COL	neh		150	PAIN OR PRESSURE IN CHEST		100	KIDNEY STON	E OR BLO	OD IN URINE		2	CAR, TR	AIN, SEA,	OR AIR SICKNE	SS
	146	FREQU	ENT OR	SEVERE HEADACHE		E COM	CHRONIC COUGH		1	SUGAR OR AL	BUMIN IN	URINE		200	FREQUE	T TROU	BLE SLEEPING	
	V	DIZZIN	ESS OR I	FAINTING SPELLS		log.	PALPITATION OR POUNDING HEART		1	BOILS				V	FREQUEN	OR TERR	FYING NIGHTMAR	ŒS
	4550	EYE TF	OUBLE			1	HIGH OR LOW BLOOD PRESSURE		0	VENEREAL DIS	EASE			₹	DEPRES	SION OR I	XCESSIVE WOR	!RY
	la real	EAR, N	OSE OR	THROAT TROUBLE	Τ	(MARK)	CRAMPS IN YOUR LEGS		2	RECENT GAIN	OR LOSS	OF WEIGHT		5	LOSS OF	MEMOR'	OR AMNESIA	
		RUNNI	NG EARS	3	Γ	No. of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of	FREQUENT INDIGESTION		1	ARTHRITIS OF	RHEUM	ATISM		1	BED WE	TING		
	./	CHRON	IIC OR F	REQUENT COLDS	1		STOMACH, LIVER OR INTESTINAL TROUBLE		1	BONE, JOINT,	OR OTHE	R DEFORMITY		8,50	NERVOU	S TROUB	LE OF ANY SOR	T
	1	SEVER	E TOOT	OR GUM TROUBLE		3000	GALL BLADDER TROUBLE OR GALL STONES		E/	LAMENESS				3	ÁNY DR	JG OR NA	RCOTIC HABIT	
	4	/sinusi	TIS		A. Farence	Τ,	∡ĴAUNDICE		1	LOSS OF ARM.	LEG, FIN	GER, OR TOE		Carr	EXCESS	VE DRINI	CING HABIT	
	1	HAY F	EVER			85	ANY REACTION TO SERUM, DRUG OR MEDICINE		V	PAINFUL OR "TR	ICK" SHOU	LDER OR ELBOW		Sec.	HOMOSE	XUAL TE	NDENCIES	
21.	HAVE	YOU E	VER (C	heck each item)				22.	. FE	MALES ONLY: A.	HAVE YO	U EVER—	В.	сом	PLETE TH	E FOLLO	VING:	
C. Salar		WORN	GLASSE	:S		19:00	ATTEMPTED SUICIDE		Π	BEEN PREGNA	NT				AGE AT	ONSET O	MENSTRUATIO	NC
-	Barre S	WORN	AN ART	TIFICIAL EYE	Г	1	BEEN A SLEEP WALKER		П	HAD A VAGIN	AL DISCH	ARGE			INTERV	L BETWE	EN PERIODS	
	8,5	WORN	HEARIN	G AIDS		800	LIVED WITH ANYONE WHO HAD TUBERCULOSIS			BEEN TREATED I	OR A FEM	ALE DISORDER			DURATIO	ON OF PE	RIODS	
_	25	STUTT	ERED O	R STAMMERED		7250	COUGHED UP BLOOD		Τ	HAD PAINFUL	MENSTR	UATION			DATE O	LAST P	RIOD	
	Total P	WORN	A BRAC	E OR BACK SUPPORT		3	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION		Γ	HAD IRREGUL	AR MENS	TRUATION	QU	ANTI	TY: 🔲 N	ORMAL [EXCESSIVE Sc	ANTY
23.	HOW PAST	MANY J THREE	OBŞ HAV YEARS?	YE YOU HAD IN THE	24	HE	AT IS THE LONGEST PERIOD YOU LD ANY OF THESE JOBS? NTHS			HAT IS YOUR US			3	26	RIGHT	-	k one)	,

CACOUNT 67-4/13797-108 WA



YES	МО	CHECK EACH ITEM YES OR NO. E	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	A Day
	1	. A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	Had James olivery middle
	1	B. INABILITY TO PERFORM CERTAIN MOTIONS	Had Jamelies during mulility Service due to bad African - 194
	سسا	C. INABILITY TO ASSUME CERTAIN POSITIONS	Service and to but the com-
	lim	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	1	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	Had cluser teculities 1956.
	1	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	سا	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	Hemorrhoidectory - may ,191
	2	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	Hackenache Howards
/		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	Halasmache, n. f Ar. Hasasmache, n. f Ar. Maurice Kagan
	i.m	33: HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	maurile /sagan
	V	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
- Committee		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS. HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
	Lexicon	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	lum	737. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS! (If yes, give date and reason for rejection)	
-	1/	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	1	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY (If yes, specify what kind, granted by whom, and what amount, when, why)	
1 AL	UTHORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPP ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	PLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DO ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
YPED C	OR PRINT	ED NAME OF EXAMINEE	SIGNATURE SIGNATURE SIGNATURE SIGNATURE

Typed or Printed Name of Examinee

10. Physician's Summary and Elaboration of All Pertinent Data (Physician shall commention all positive answers in 11/1 ms 20 thru 39)

20. Number - Childhood - no Sez'

Where healthis - proven lay x hay - 1956 - Rx we decadle. No further sec a

Serum haparhtis 1942 - No Sey'

Hemorehoodectory 1966 - No Sey'

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER MC

Jate Jan 69

SIGNITURE JU JOULD E. B DIM

NUMBER OF ATTACHED SHEETS

EDNMENT PRINTING OFFICE - 1064 0-717-00

ويثره

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

	e of Examinee PUR	RCHIP, MICHOLAS	S JOHN Middle					
	•	the attached examination report	form need not be completed:					
				· -				
	· 2	14	68					
	3	17	69					
	4	62	72					
	9	65	76					
3 4	11,	67	, •					
46.	Is necessary unless i	acilities for affording same are	not readily available.					
48.	48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.							
49.	Is necessary unless	acilities for affording same are	not readily available.					
71.	applicants and Specia accepted if the hearing	cons should be afforded whenever al Agents. Applicants for the Sp ing loss exceeds a 15 decibel av e (500, 1000, 2000 cycles).	pecial Agent position will not	be ·				
For	All Examinees, Wheth	ner Clerical or Special Agent Ap	plicants or Employees:					
The	medical examiner should o	nswer the following question:						
	Examinee 🞾 is	is not qualified for strenuou	us physical exertion.					
То	be Answered in the Co	use of All Male Employees and M	Male Applicants:	·				
		ny defects restricting or prohibi assignments which might entail						
,	☑ No ☐ Yes	If "yes" please specify defects						
	,							
	-							
2.	Does examinee have a	ny defects prohibiting safe oper	ation of motor vehicles?					
	☑ No ☐ Yes	If "yes" please specify defects	·					
_								
	test at least 20:/40 in examinee wear correct	tor vehicles, Civil Service Com- one eye and 20/100 in the other live glasses while operating a m based on a factor other than abo	otor vehicle? Yes No	hould				
		eiglosure 6	7-413797-	108				

MA

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5′ 5″	지문하다 학교육(학 120 - 129	126 - 139	134 - 152
5′ 6″	124 733 8 14 A	°67 130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5′8″	132 - 141	138 - 152	147 - 166
5′9″	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5′ 11″	144 - 154	150 - 166	160 - 180
6 ′	148 - 158	15.4 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6′ 2 ″	156 - 167	163 - 181	174 - 195
6' 3 "	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6′ 5″	174 - 185	182 - 202	192 - 216

4.	Examinee's frame is small medium	large
5.	Considering above weight table, the examinee's fram I consider his present weight Satisfactory	ne, and other individual physical characteristics Excessive Deficient
6.	Under proper medical supervision, examinee should	losepounds gainpounds
Re	marks:	

(Signature of Medical Examiner)

(Date)

November 3, 1967

PERSONAL

Mr. Nicholas J. Purchia Federal Bureau of Investigation New York, New York

Dear Mr. Purchia:

The quality of your work pertaining to a recent demonstration in the Washington, D. C., area was of the finest caliber and it is a pleasure to commend you.

Gathering vital details and statistics during this time was a most complicated endeavor; however, you skillfully and ably kept the Bureau apprised of changing events as they occurred. I do not want the occasion to pass without expressing my appreciation.

MAILED 30
NOV 3 1967
comm-fbi

Sincerely yours,

J. Edgar Hoover

67-4 3 7 9 7 - 109 Numbered Nov 6 1967 8 7

1 - SAC, New York (Personal Attention)

Con

Tolson

Mohr ... Bishop

Gale __ osen _ Ulivan

Casper _ Callahan

DeLoach

M

(Sent Direct)

(5) 67-413797

NLKUK

Based on New York letter 10/27/67 and addenda Inspection and Domestic Intelligence Divisions 10/31/67 re National Mobilization Committee to End the War in Vietnam - Recommendation for Letters of Commendation.

S ANON 8 18

 \exists

Man Watt

She

b7C



UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir.

130

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE	IN DUPLICATE AN	ND SUBMIT BOT	H COPIES TO TH	E BUREAU	j		-		
	reau Name (please		= 1	Date	i	Office of	Assignment (or S	OG Divisio	n)
SA .	nicholas j.	PURCHIA		7/1	3/67	. NE	W YORK		
	ing person is design			Agents Ins	surance. Fu	ınd:			* ', '
Name (prim	ary beneficiary; use	e given first nam	né if female)		*,		Relationship		b b
Address	91 Blauvelt	St., Tea	neck, New	Jersey		4 '			
Name (cont	ingent beneficiary,	if desired; use g	given first name if	female)	*		Relationship		
Address						,		* * * * * * * * * * * * * * * * * * * *	70 A W
beneficiary	e following person i	the line of duty	, other than travel	ler the Cha accidents.	s. S. Ross	Fund prov	· · · · · · · · · · · · · · · · · · ·	benefit to	*.
Name (prim	ary beneficiary; use	e given first nam	e if female)	***			Relationship	H	
Address			,		•			^	*, * .
Name (cont	ingent beneficiary,	if desired; use g	given first name if	female)		,	Relationship		٠,
Address			- ,,	- 1			'c		- g
,		7 m 1855.		-	Very truly	yours,	$\tau \rho$		- \
Λ.	Door in a	sect income	and .		Special A	gent 1	J. // MA		



UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO	THE BUREAU	·
Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA NICHOLAS J. PURCHIA	5/25	
The following person is designated as my beneficiary for Spec Name (primary beneficiary; use given first 'name if female)	cial Agents insur	55
ivalile (primary beneficiary, use given first fiallie if female)	1	Relationship be
Address		W17 E
GIBLAUVELT STREET TE	ANECK	N, J.
91 BLAUVELT STREET, TE Name (contingent beneficiary, if desired; use given first name	if female)	Relationship
Address		• ,
Do you desire to designate the above-listed beneficiaries as t	the beneficiary a	nd contingent beneficiary respectively of the
Chas. S. Ross Fund as well? Yes \(\square\) No If not, the	e entire following	g portion must be executed.
The following person is designated as my beneficiary beneficiary of agents killed in the line of duty, other than tra-	under the Chas. vel accidents.	S. Ross Fund providing \$1500 death benefit to
Name (primary beneficiary; use given first name if female)		Relationship
		-
Address		
Name (contingent beneficiary, if desired; use given first name	e if female)	Relationship
Address		,
	V	Very truly yours,
Payment Deceived	. (
Special : 's Insurance Fur	na 🔾	γ_{i} γ_{i} γ_{i} γ_{i} γ_{i} γ_{i}
JUN 6 1017		Micholas J. Surchia
JUN 6 2 7	S	pecial Agent
J. Edgar, Hoover, Directo	ri	
T' Foggi, Mondel' puence	·•.	↓ ~

Eig.,

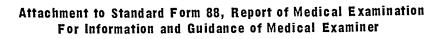


THE PARTY OF EXAMINATION FOR THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	u of the Budget at A-32-(Rev.)	ONT OF MEDICAL	EXAMINATION T	C3-109-04
LEGORAL ROCKES (CHAMPA, 100 or SEPT.) City or stocks, none and Stoty B A FUNE B A NACE B A FUNE B A NACE B A STOTAL WAYS COVERINGED THE SET TO SET THE SET TO SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET THE SET T	LAST NAME-FIRST NAME-MIDDLE NAME	C . La Liai	Z, GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
SEA BACK 9. TOTAL YEARS COVERNICHT SURVICE 10. AMENCY 10. AMENC		minute of the second section of the second	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
DATE OF SHIPM 13. PLACE OF SHIPM 14. PLACE OF SHIPM 15. PLACE OF SHIPM 16. PLACE OF SHIPM 17. PLACE OF SHIPM 18. PLACE O				1
DATE OF BIRTH 13. PLACE OF BIRTH 14. BAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN 15. CHAPTERS, AND ADDRESS 16. OTHER WIFERMATION 16. OTHER WIFERMATION 17. CHAPTERS, AND ADDRESS 16. OTHER WIFERMATION 18. SERVICIALY OF BEAMPINES, AND ADDRESS 16. OTHER WIFERMATION 18. SERVICIALY OF BEAMPINES, AND ADDRESS 16. OTHER WIFERMATION 18. SERVICIALY OF BEAMPINES, AND ADDRESS 16. OTHER WIFERMATION 18. SERVICIALY OF BEAMPINES, AND ADDRESS 16. OTHER WIFERMATION 18. SERVICIAL EVALUATION ADDRESS 16. OTHER WIFERMATION 18. SERVICIAL EVALUATION ADDRESS ADDRES		<i>leaneck</i> , N.J	·	1 想是思院的
DEMONSTRATE TO BEACHER, AND ADDRESS THE DEMONSTRATE OF EXAMPLES, AND ADDRESS THE BY THE CHARGE AND ADDRESS THE BY THE CHARGE AND ADDRESS THE BY THE CHARGE AND ADDRESS THE BY THE CHARGE AND ADDRESS THE BY THE CHARGE AND ADDRESS THE BY THE CHARGE AND ADDRESS THE BY THE CHARGE AND ADDRESS THE BY THE CHARGE AND ADDRESS THE BY THE CHARGE AND ADDRESS THE BY THE CHARGE AND ADDRESS THE BY THE CHARGE AND ADDRESS TO ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADD	, , , , , , , , , , , , , , , , , , ,			N IT
EMMINISTER FACILITY OF EMPINEER, AND ADDRESS THE STRUCK WEGNATURE ANTHIS OR SPECIALTY THAT IN THIS ENTRIES CAPACITY (THAT) LEST EIK MONTHS COLUMINAL EVALUATION NOTES. Convenies and the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the structure of the st		YAS CIVILIAN 2 have to		
EXAMINED PROLITY OF EXAMINER, AND ADDRESS THE IN THIS CAPACITY (Tried) LAST SIX MONTHS ANTHER OF SIRVERY (Tried) CUMICAL EVALUATION NOTES, Observing abnormality in delay. Enter partitions (seen number before comment. Continue in idea 17 s.e.d. use additional sneets if necessary) 18. HORE STATES (Seen of the contact of the comment of the comment. Continue in idea 17 s.e.d. use additional sneets if necessary) 19. HORE STATES (Seen of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the cont	DATE OF BIRTH 13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF N	EXT OF KIN
THE IN THIS CAMACTY (Total) S. CHINGAL EVALUATION S. CHINGAL EVALU	Habba Newyork	TAY VEN		
CLINICAL EVALUATION CLINICAL EVALUATION CLINICAL EVALUATION CLINICAL EVALUATION NOTES. Observe approximate in detail. Enter particular from humber before confirment from the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of	examining facility on examiner, and address	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	16. OTHER INFORMATION	
CLINICAL EVALUATION CLINICAL EVALUATION CONTROL SERVINGS AND SERVING SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND SERVINGS AND	BED FORT HEROM	TON MY		- 1
19. READ, FASTER, RESC. AND CEASE 19. ROUSE 20. SINGES 21. MOUTH AND THROAT 22. LENDANG (Performance) 23. LENDANG (Performance) 24. EVEN - GENERAL Units, etc., contain) (Authory 25. LENDANG (Performance) 26. LENDANG (Performance) 27. COLLAR MOTILITY (Manus and education) 27. COLLAR MOTILITY (Manus and education) 27. COLLAR MOTILITY (Manus and education) 28. LENDANG (Performance) 29. LENGA AND CHEST (Include breasts) 29. LENGA AND CHEST (Include breasts) 20. VASCULAS SYSTEM (Varianceine, progress) 20. VASCULAS SYSTEM (Varianceine, progress) 21. ROUSE (Performance) 22. LENGA AND CHEST (Include breasts) 23. LENGA (Trans, str., taking mount) 24. LENGA RETURN (Include breasts) 25. AND AND AND RECTURN (Include breasts) 26. LENGA RETURN (Include breasts) 27. LOWER SYSTEM (Varianceine, progress) 28. LENGA RETURN (Include breasts) 29. LENGA RETURN (Include breasts) 29. LENGA RETURN (Include breasts) 20. LENGA RETURN (Include breasts)	RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)	LAST SIX MORTHS
15. READ PACK. PECK AND CEASE 15. READ PACK. RECK AND CEASE 15. ROUGE 16. SOUNCES 27. ROUTH AND THROAT 27. LANGE-INFORMAL Find, a city county (Awdring) 27. LANGE-INFORMAL Find, a city county (Awdring) 27. LANGE-INFORMAL Find, a city county (Awdring) 27. LANGE-INFORMAL Conference information and displaying the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the		,		
19. READ, FASTER, RESC. AND CEASE 19. ROUSE 20. SINGES 21. MOUTH AND THROAT 22. LENDANG (Performance) 23. LENDANG (Performance) 24. EVEN - GENERAL Units, etc., contain) (Authory 25. LENDANG (Performance) 26. LENDANG (Performance) 27. COLLAR MOTILITY (Manus and education) 27. COLLAR MOTILITY (Manus and education) 27. COLLAR MOTILITY (Manus and education) 28. LENDANG (Performance) 29. LENGA AND CHEST (Include breasts) 29. LENGA AND CHEST (Include breasts) 20. VASCULAS SYSTEM (Varianceine, progress) 20. VASCULAS SYSTEM (Varianceine, progress) 21. ROUSE (Performance) 22. LENGA AND CHEST (Include breasts) 23. LENGA (Trans, str., taking mount) 24. LENGA RETURN (Include breasts) 25. AND AND AND RECTURN (Include breasts) 26. LENGA RETURN (Include breasts) 27. LOWER SYSTEM (Varianceine, progress) 28. LENGA RETURN (Include breasts) 29. LENGA RETURN (Include breasts) 29. LENGA RETURN (Include breasts) 20. LENGA RETURN (Include breasts)		NOTES, (Describe ave	ry abnormality in detail." Enter pertinen Continue in item 73 and use additional sh	nt item number before each
18. NECE 26. SINIECTS 21. MOUTH AND TRIBOAT 22. EARN-SCRIPPAL THE AS EXECUTION (I Western Visit of the Control of Management of Management Visit of Management V	R- (Check each item in appropriate col- ABNO umn; enter "NE" if not evaluated.) MA	DR-		n en en en er en er en en er e g. Eg
20. SINUSES 21. MOUTH AND THROAT 22. PARS—GENERAL Virt & est, contrib (Auditory) 23. DEVINES (Perfordibus) 24. VESS—GENERAL Virtual courts and refrection 25. CHANGE (Perfordibus) 26. PURIS (Equality and receitor) 27. OCALAR MOTHETY (Attractact support miss. 28. LINES AND CHEST (Include breasts) 28. EMPLS (Explainly and receitor) 29. CHANGE SYSTEM 20. SINUSES AND CHEST (Include breasts) 23. AROUND AND SECTUM (Historibus, Annuary 24. EMPLS (Checked System) 25. LEOCARD SYSTEM 26. SUPPORT EXTERNITIES (Expended breasts) 27. LOWER CHEST (Include breasts) 28. EMPLS (Explainly and receitor) 29. LOWER CHEST (Include breasts) 20. AND AND SECTUM (Historibus, Annuary) 20. SEPHING SON MARKS, SCARS, TATIOOS 20. SUPPORT EXPENDITIES (Expended break) 20. SEPHING (Perode only) (Checke box done) 20. PSYCHIATRIC (Prode only) (Checke box done) 20. PSYCHIATRIC (Prode only) (Checke box done) 20. PSYCHIATRIC (Prode only) (Checke box done) 21. CHANGE (Prode only) (Checke box done) 22. AND AND SECRETAL (Prode only) (Checke box done) 23. EREMANNES (Prode only) (Checke box done) 24. PSYCHIATRIC (Prode only) (Checke box done) 25. SERVICE (Prode only) (Checke box done) 26. PSYCHIATRIC (Prode only) (Checke box done) 27. SERVICE (Prode only) (Checke box done) 28. SERVICE (Prode only) (Checke box done) 29. SERVICE (Prode only) (Checke box done) 20. SERVICE (Prode only) (Checke box done) 20. SERVICE (Prode only) (Checke box done) 21. SERVICE (Prode only) (Checke box done) 22. SERVICE (Prode only) (Checke box done) 23. SERVICE (Prode only) (Checke box done) 24. SERVICE (Prode only) (Checke box done) 25. SERVICE (Prode only) (Checke box done) 26. SERVICE (Prode only) (Checke box done) 27. SERVICE (Prode only) (Checke box done) 28. SERVICE (Prode only) (Checke box done) 29. SERVICE (Prod				St. The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
27. ROUTH AND THROAT 28. REPUSE (Priceford) 24. EYES -GENERAL Virtual acute, and extended (Acutery 1) 25. ROPHIAL ROSCOPIC 26. OPHTHAL ROSCOPIC 27. OCULAR MOTERTY (Statemated, special inter- 27. DUNGS AND CHEST (Include breats) 28. PLANGE (Regularly and receiling) 29. UNSO AND CHEST (Include breats) 29. UNSO AND CHEST (Include breats) 29. UNSO AND CHEST (Include breats) 20. VESCULAR SYSTEM (Verteculities, etc.) 31. ARROVER RIDO (VESCH (Include breats) 23. CHEST CHEST (Include breats) 24. GENCOCONE SYSTEM 25. FEET 27. COURSE SYSTEM 26. CHEST (Include breats) 27. SECULAR SYSTEM (Include breats) 28. EINSTEMMITES (Streeth inter- 29. UNSO AND RASCOPIL (Include breats) 29. UNSO AND RASCOPIL (Include breats) 20. VESCULAR SYSTEM 21. CHEST (Include breats) 25. FEET 27. COURSE SYSTEM 28. EINSTEMMITES (Streeth inter- 28. EINSTEMMITES (Streeth inter- 29. INCLUDE CHEST (Include breats) 29. SERVING (Freedic only) (Chest both don') 40. PELVING (Freedic only) (Chest both don') 41. NEUROLOGIC (Exculut don tests under item ?) 42. PSYCHIATRIG (Syncilyana permantial dediction) 43. PELVING (Freedic only) (Chest both don') 44. PSYCHIATRIG (Syncilyana permantial dediction) 44. PSYCHIATRIG (Syncilyana permantial dediction) 45. PELVING (Freedic only) (Chest both don') 46. PELVING (Freedic only) (Chest both don') 47. PSYCHIATRIG (Syncilyana permantial dediction) 48. PELVING (Freedic only) (Chest both don') 49. SERVING (Freedic only) (Chest both don') 40. PELVING (Freedic only) (Chest both don') 40. PELVING (Freedic only) (Chest both don') 41. NEUROLOGIC (Exculut don') (Line Shared) 42. PSYCHIATRIG (Syncilyana permantial dediction) 44. PSYCHIA	19. NOSE		Commence of the second second	
22. ERRS—GENERAL Visited inter 70 and 715 23. DEMNS (Perforation) 44. EVES—GENERAL Visited counts and refrection 25. OPENIAL MOSCOPIC 26. PUBLIS (Equality and receit) and refrection 27. OCCILAR MOSTLEY (Missessian Specific regression) 28. PUBLIS (Equality and receit) 29. UNIOS AND CHEST (Include hearts) 20. VASCULAR SYSTEM (Varies) the treats) 20. VASCULAR SYSTEM (Varies) the treats) 21. BERKY (Thurst, vir, rhythm, abouted) 23. ARPARIO RECTUM (Missessian, visitation) 24. AND AND RECTUM (Missessian, visitation) 25. AND AND RECTUM (Missessian, visitation) 26. SPINE, OTHER RUSCULOSERIES 27. LOWING EXTREMITIES (Greech, rence of malicular control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	_20. SINUSES			
23. DEMIN (Periodic Manufa and and and and and and and and and an	21. MOUTH AND THROAT			1
23. ENDOCRINE SYSTEM 24. EVES - GENERAL Visual acusts and extended and the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second contr	22. EARS—GENERAL (Int. & ext. consis) (Auditory)			
24. EVES—GENERAL Under tends of Great of Topics (Topics) 25. OPHTHAL MOSCOPIC 26. PUPILS (Equality and receive) 27. COLLAR NOTHERTY Constrained profess 28. UNISO AND CHEST (Include brasts) 29. UNISO AND CHEST (Include brasts) 29. UNISO AND CHEST (Include brasts) 29. MEART (Three, site, repair, repair), sounds) 30. VASCULAS SYSTEM (Variosities, etc.) 31. ABDCVES RID VICEBR (Include brasts) 32. RANG AND SECTUM (Include brasts) 33. PEROCENTER SYSTEM 35. PEROC STREEN SYSTEM 37. LOWER EXTREMITIES (Great Ant) 38. SEPHER SYSTEM 39. LOWER EXTREMITIES (Great Ant) 39. PERITHIPHIS BODY MARKS, SCARS, TATIONS 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilities test under tiens 19) 42. PSYCHIATRIC (Specifyran percentus distincts) 43. PELINC (Profes only) (Check bord only) 44. PSYCHIATRIC (Specifyran percentus distincts) 43. PELINC (Profes only) (Check bord only) 44. NEUROLOGIC (Equilities test and tiens 19) 44. NEUROLOGIC (Equilities test and tiens 19) 45. PELINC (Profes only) (Check bord only) 46. PNOTAL (Place upprofes only) (Check bord only) 47. COURTAL (Place upprofes only) (Check bord only) 48. Missing (etch XXX. Replaced by dentires 49. SCARS, Pirch only (Check bord only) 49. SCARS, Pirch only (Check bord only) 49. SCARS, Pirch only (Check bord only) 40. SCARS, Pirch only (Check bord only) 41. NEGRATIVE 42. SCARS (Parce only (Check bord only) 43. PELINC (Profes only (Check bord only) 44. SCARS (Parce only) 45. SCARS (Parce only) 46. SCARS (Parce only) 47. SCARS (Parce only) 48. SCARS (Parce only) 49. SCARS (
The perfect of the properties of the properties of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect o	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
28. PUPILS (Equality and recollon) 27. COCHAR MOTATY (State Acoustic popular mass) 28. HEART (Thrus, yeter, relations and popular mass) 29. UNISS AND CHEER (Include breast) 20. UNISCHAR SYSTEM (Varicasities, cite) 30. UNISCHAR SYSTEM (Varicasities, cite) 31. BARCY (Thrus, yeter, relation) 32. ANUA AND SECTION (Incomplete, cite) 33. CHOOCENIC SYSTEM 34. COCCENT SYSTEM 35. PEPER EXTERNITIES (Stepation) 35. PEPER EXTERNITIES (Stepation) 36. SPINE. OTHER MUSCULOSKELETAL 37. LOWER EXTREMITIES (Stepation) 38. SPINE. OTHER MUSCULOSKELETAL 39. DENTIFYING FOOR MARKS, SCARS, TATCOS 40. SSINE. OTHER MUSCULOSKELETAL 39. DENTIFYING FOOR MARKS, SCARS, TATCOS 41. NEUROLOGIC (Seculatrium tests under item 72) 42. PSYCHIATRIC (Specifyanu personality deviation) 43. PELVIG (Ferrales only) (Check book dann) CENTAL (Floce uppropriate agrabols above or below number of upper and lother tests, respectively) Correctionale tests XXX. Pelyance by destures CORR MICHAEL CORRECTION (Continue in item 73) REMARKS AND ADDITIONAL DERITAL DESCRIPTION (Continue in item 73) REMARKS AND ADDITIONAL DERITAL SECOND MAD DISCRESS LAPORATORY FINEHOS SEROLOGY (Specify test used and result) A) FIG. SSADY FORTMANILLER ON SERVES CMM NEGATIVE SEROLOGY (Specify test used and result) A) FIG. SSADY FORTMANILLER ON SERVES CMM NEGATIVE CMM NEGATIVE CMM NEGATIVE CMM NEGATIVE CMM NEGATIVE SO. OTHER TESTS				
27. CCULAR MOTATY (Atmestical profile mate) 28. LUNGS AND CHEST (Include broads) 29. LARGY (APPLIA (Include broads)) 20. VASCULAR SYSTEM (Verticesities, etc.) 31. ABOCARN RID VECERA (Include broads) 32. AND AND ARCTIME (Include broads) 33. ENDOCRIRE SYSTEM 33. ENDOCRIRE SYSTEM 34. G-U SYSTEM 35. UPPER EXTRIMITIES (Street, fact) 35. UPPER EXTRIMITIES (Street, fact) 36. SPING, OTHER (MECHOSING France of motion) 37. LOWER EXTREMITIES (Street, fact) 38. SPING, OTHER (MECHOSING France) 40. SRIN, LYMPHATICS 41. NEUROLOGIC (Equidation tests under item 72) 42. PSYCHIATRIC (Spreifean) personality desistem) 43. PELVIC (Ferneles only) (Check bow donn) 14. NEUROLOGIC (Equidation tests under item 72) 44. PSYCHIATRIC (Spreifean) personality desistem) 45. PELVIC (Ferneles only) (Check bow donn) 15. CONTRIL (Place uppropriate symbols abore or blow number of upper and lober tests, respectively.) 16. PROMING (Spreifean) personality desistem) 47. NONTRICTIONS (ACC.) 48. PELVIC (Ferneles only) (Check bow donn) 18. NONTRICTIONS (Spreifean) personality desistem) 49. PELVIC (Ferneles only) (Check bow donn) 19. NONTRICTIONS (Spreifean) personality desistem) 40. PROMING (Spreifean) personality desistem) 41. NEUROLOGIC (Equidation) tests under item 72) 42. PSYCHIATRIC (Spreifean) personality desistem) 43. PELVIC (Ferneles only) (Check bow donn) 14. NEUROLOGIC (Equidation) tests under item 72) 44. PELVIC (Ferneles only) (Check bow donn) 15. CONTRICTION (Spreifean) personality desistem) 45. PELVIC (Ferneles only) (Check bow donn) 16. NONTRICTION (Spreifean) personality desistem) 17. LORGIC (Spreifean) personality desistem) 18. NEGATIVE 19. OTHER TESTS 1				
129. LUNGS AND CHEST (Include breasts) 129. HEART (Thrus, str., thistim, sounds) 10. VASCULAR SYSTEM (Varicalities, etc.) 13. ARDCAMEN AND VICEGEA (Include hereis) 13. ARDCAMES AND VICEGEA (Include hereis) 13. CHECKINE SYSTEM 14. CHECKINE SYSTEM 15. CHECKINE SYSTEM 15. CHECKINE SYSTEM 16. CHEC				Agricultural Company
23. HEART (Thrus, sier, rhythm, sounds) 30. WASCOLAR SYSTEM (Variewisiae, etc.) 31. ABOCARRA RID VECERA (Include hatelis) 32. ABUQ ARD STCTUM (Beforeholds, fatura) 32. ABUQ ARD STCTUM (Friendle, of indicated) 33. EROCACRNE SYSTEM 34. OUSEREXTREMITIES (Streeth, range of indicated) 35. UPFER EXTREMITIES (Streeth, range of indicated) 36. SPINE, OTHER INDUCUORRECTAL 37. LOWEREXTREMITIES (Except feel) 38. SPINE, OTHER INDUCUORRECTAL 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS 40. SKIN, LYMPHATICS 41. REPROLOGIC (Equitherian tera under Hen 72) 42. PSYCHIATRIC (Synchly and personality deviation) 43. PELYIC (Femples only) (Check how done) CO-Restatable teeth XXX.—Aliestaced by dentares (Continus in item 73) REMARKS, AND ADDITIONAL DENTAL DEFECTO AND DISCASS CONTRACTOR (Foreign and to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr			The second of the second	
30. VASCULAR SYSTEM (Varientifies, etc.) 31. ADDOMEN AND VECERA (Iricide Activ) 32. AND AND RECTUN (Iricide Activ) 33. ENDOCRINE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strench, rence of Minister) 35. EFET 37. LOWER EXTREMITIES (Strench, rence of Minister) 38. SPINE, OTHER RUSCULOSKEETAL 29. ICENTIFYING BODY MARKS, SCARS, TATCODS 40. AND AND ADDITIONAL (Specify from personalize deciation) 41. NEUROLOGIC (Equilibrium tests under item 75) 42. PSYCHIATRIC (Specify from personalize deciation) 43. PELVIC (Fernales only) (Check bots done) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols above or below number of apper and lodge tests, respectively) OENTAL (Place appropriate symbols			the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	
33. ARUGAND RECTUM (Herecholoid, Statular) 32. ARUGAND RECTUM (Herecholoid, Statular) 33. ARUGAND RECTUM (Herecholoid, Statular) 34. GNOCKRIE SYSTEM 35. ERDOCERRE SYSTEM 36. ENDOCERRE SYSTEM 37. LOWER EXTREMITIES (Expert fact) 38. ENPER EXTREMITIES (Expert fact) 39. IDENTIE (HIS SECRET fact) 30. ERRIN LYMPHATICS 41. NEUROLOGIC AEquitorium tests under item 72) 42. PSYCHIATRIC Expert/grap personality defailion 43. PELVIC (Fernales only) (Check how donc) C-Restorable teeth XXX. Replaced by dentieres XXX. Replaced by dentieres (COntinus in item 73) REMARKS AND ADDITIONAL DERITAL DENTAL (Place appropriate symbols above or below number of approach teeth, respectively.) C-Restorable teeth XXX. Replaced by dentieres (ANS) - Fixed bridge, brackets to include abutinests (CANS) - Fixed bridge, brackets to include				4
32. ANUS AND SECTUM (Hormodical, Studies) 33. ENOCORNE SYSTEM 34. G-U SYSTEM 35. DEPER EXTREMITIES (Strength, range of molton) 36. FEET 37. LOWER EXTREMITIES (Strength, range of molton) 38. SPINE, OTHER NUSCOLOSKELETAL 29. ICENTIFYING BODY MARKS, SCASS, TATIOOS 41. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Specifyand personality deriation) 43. PELNIE (Fernales only) (Check hots done) 42. PSYCHIATRIC (Specifyand personality deriation) 43. PELNIE (Fernales only) (Check hots done) 44. NEUROLOGIC (Equilibrium tests under item 72) 45. PELNIE (Fernales only) (Check hots done) 46. PSYCHIATRIC (Specifyand personality deriation) 47. Alisting (sch. A. Pieted bridge, breekels to include abutments 48. Alisting (sch. A. Neurological test) 49. Alisting (sch. A. Neurological test) 40. Alisting (sch. A. Neurological test) 41. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Specifyand personality deriation) 43. PELNIE (Fernales only) (Check hots done) 44. NEUROLOGIC (Equilibrium tests under item 72) 45. PELNIE (Fernales only) (Check hots done) 46. Alisting (sch. A. Specific Granyity) 47. Alisting (sch. A. Specific Granyity) 48. Alisting (sch. A. Specific Granyity) 49. EXCONTINE (Sch. A. Specific Granyity) 40. EXCONTINE (Sch. A. Specific Granyity) 41. ALEGRATIVE 42. Specific Granyity 43. DELOCOTIVE (Sch. A. Specific Granyity) 44. ALEGRATIVE 45. G. A. Specific Granyity 46. EXCONTINE (Sch. A. Specific Granyity) 47. ALEGRATIVE 48. EXCONTINE (Sch. A. Specific Granyity) 49. EXCONTINE (Sch. A. Specific Granyity) 40. EXCONTINE (Sch. A. Specific Granyity) 40. EXCONTINE (Sch. A. Specific Granyity) 41. ALEGRATIVE 42. Specific Granyity 43. DELOCOTIVE (Sch. A. Specific Granyity) 44. EXCONTINE (Sch. A. Specific				and the season of the same
33. EMPCRIME SYSTEM 35. UPPER EXTREMITIES (Street), range of 35. EMPCR EXTREMITIES (Except) fact) 37. LOWER EXTREMITIES (Except) fact) 38. SPINE, OTHER RUSCULOSKELETAL 38. DENTEYING BODY MARKS, SCARS, TATTOOS 40. SEXIN, LYMPHATICS 41. NEUROLOGIC (Equildrium tests under item 7t) 42. PSYCHIATRIC (Spicety and personalized existion) 43. PELVIC (Females only) (Check bond done) 44. PSYCHIATRIC (Spicety and personalized existion) 45. PELVIC (Females only) (Check bond done) Concentrated (Fine appropriate symbols above or below number of apper and lower tests, respectively.) Concentrated tests Concentrated tests Concentrated tests Concentrated tests AXX.—Replaced by dentures LEGRATORY FINDINGS ALEUMIN NEGATIVE D. MICROSCOPIC LEGRATORY FINDINGS SEROLOGY (Specify test used and retail) 40. ENG. CMH NEGATIVE CMM NEGATIVE CMM NEGATIVE CALLED TO SPECIAL CONTROL OF THE SOL, OTHER TESTS SEROLOGY (Specify test used and retail) 40. ENG. CMM NEGATIVE CMM NEGATIVE SEROLOGY (Specify test used and retail) 40. ENG. CMM NEGATIVE				
36. UPPER EXTREMITIES (Green feet) 35. UPPER EXTREMITIES (Green feet) 37. LOWER EXTREMITIES (Green feet) 38. SPINE, OTHER RUSCOLOSKELETAL 38. DERNIEVING BODY MARKS, SCARS, TATTOOS 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under item feet) 42. PSYCHIATRIC (Specifyand personality deviation) 43. PELVIG (Fernelet only) (Check how done) — UNBAINAL — RECTAL C—Rederable teeth — Nonrestorable teeth — Nonrestorable teeth — NONrestorable teeth — NONRESTORIE (State of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control		- 		
33. UPPER EXTREMITIES (Street, rance of 25. FEET 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (Except feet) 27. LOWER EXTREMITIES (EXCEPT feet) 28. LOWER FORT FINDINGS (EXCEPT feet) 28. LOWER EXTREMITIES (EXCEPT feet) 28. LOWER FORT FEET (EXCEPT feet) 28. LOWER EXTREMITIES (EXCEPT feet) 28. LOWER FORT FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FEET (EXCEPT feet) 28. LOWER FE			The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	
25. FEET 27. LOWER EXTREMITIES (Exercited) 28. SPINE, OTHER (NUSCULOSKELETAL 29. IDENTIFYING BODY MARKS, SCARS, TATGOS 49. 6KIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under stem 72) 42. PSYCHIATRIC (Specifyanu personality decision) 43. PELVIC (Fernales only) (Check hole dont) WABINAL RECYAL (Continue in item 73) 44. PSYCHIATRIC (Specifyanu personality decision) WABINAL RECYAL (Continue in item 73) Continue in item 73) Continue in item 73) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace suppropriate symbols above or below number of upper and lower tests, temperaturely) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace suppropriate symbols above or below number of upper and lower tests, temperaturely) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace suppropriate symbols above or below number of upper and lower tests, temperaturely) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace should shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item 73) REMARKS AND ADDITIONAL DESTAIL (Flace shutment) Continue in item	Table 1		107- 10	of management of the same only the management of the
27. LOWER EXTREMITIES (Surpending) 28. SPINE, OTHER MUSCULOSKELETAL 29. IDENTIFYING BODY MARKS, SCARS, TATTOOS 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilidrium tests under item 72) 42. PSYCHIATRIC (Spready and presonality desiation) 43. PELVIC (Fernales only) (Check how done) 44. PELVIC (Fernales only) (Check how done) 45. PELVIC (Fernales only) (Check how done) 46. PSYCHIATRIC (Spready and presonality desiation) 47. PELVIC (Fernales only) (Check how done) 48. PELVIC (Fernales only) (Check how done) 49. SENTAL (Place uppropriate symbols abore or below number of upper and lower testh, respectively.) 40. Continus in item 73) EMMARKS AND ADDITIONAL DERITAL (Continus in item 73) EMMARKS AND ADDITIONAL DERITAL (BASS)—Fixed bridge, brackely to include abutments (BASS)—Fixed b			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	3797-116
38. SPINE, OTHER MUSCULOSKELETAL 25. IDENTIFYING BODY MARKS, SCARS, TATTOOS 49. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Specifyram personality deviation) 43. PELVIC (Females only) (Check both odd only) 44. PSYCHIATRIC (Specifyram) personality deviation) 45. PELVIC (Females only) (Check both odd only) 46. Microscopic 46. Micro		- 1	Cana	Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria
35 ICENTIFYING BODY MARKS, SCARS, TATIOOS			THE PARTY OF ASSET	" 1 1000 ma
40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equitatium tests under item 72) 42. PSYCHIATRIC (Specify and personality deriation) 43. PELVIC (Fenales only) (Check Row done) VAGINAL PRECYAL (Continue in item 73) DENTAL (Place appropriate symbols above or below number of apper and lother teeth, teappetityly). C = Registrable teeth X = Missing (teth X = Mi			to secondary	- 1300 36
A1. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Specifyant) personality deviation? 43. PELVIC (Fernales only) (Check how done) Vaginal Rectal Rectal (Continue in item 73) DENTAL (Place uppropriate symbols abore or below number of upper and louber teeth, teappetitivity.) Continue in item 73) DENTAL (Place uppropriate symbols abore or below number of upper and louber teeth, teappetitivity.) Continue in item 73) REMARKS AND ADDITIONAL DENTAL DETECTS AND DISCASES Continue in item 73 REMARKS AND ADDITIONAL DENTAL DETECTS AND DISCASES Continue in item 73 REMARKS AND ADDITIONAL DENTAL DETECTS AND DISCASES Continue in item 73 REMARKS AND ADDITIONAL DENTAL DETECTS AND DISCASES Continue in item 73 REMARKS AND ADDITIONAL DENTAL DETECTS AND DISCASES Continue in item 73 REMARKS AND ADDITIONAL DENTAL DETECTS AND DISCASES LAEGRATORY FINEHES LAEGRATORY FINEHES LAEGRATORY FINEHES LAEGRATORY FINEHES LAEGRATORY FINEHES LAEGRATORY FINEHES LAEGRATORY FINEHES LAEGRATORY FINEHES NEGATIVE D. MICROSCOSPIC NEGATIVE		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	I want to the second the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon	
43. PELVIC (Fernales only) (Check how done) JABINAL RECYAL (Concinus in itom 73) DENTAL (Place appropriate symbols above or below number of apper and lother teeth, respectively.) Concinus in itom 73) REMARKS AND ADDITIONAL DENTAL (Place appropriate symbols above or below number of apper and lother teeth, respectively.) Concinus in itom 73) REMARKS AND ADDITIONAL DENTAL DESCRIPTION AND DISCASES Concinus in itom 73) REMARKS AND ADDITIONAL DENTAL DESCRIPTION AND DISCASES Concinus in itom 73) REMARKS AND ADDITIONAL DENTAL DESCRIPTION AND DISCASES Concinus in itom 73) REMARKS AND ADDITIONAL DENTAL DESCRIPTION AND DISCASES Concinus in itom 73) REMARKS AND ADDITIONAL DENTAL DESCRIPTION AND DISCASES Concinus in itom 73) REMARKS AND ADDITIONAL DENTAL DESCRIPTION AND DISCASES Concinus in itom 73) REMARKS AND ADDITIONAL DENTAL DESCRIPTION AND DISCASES Concinus in itom 73) REMARKS AND ADDITIONAL DENTAL DENTAL DENTAL DESCRIPTION AND DISCASES Concinus in itom 73) REMARKS AND ADDITIONAL DENTAL				,
A3. PELVIC (Females only) (Check how done) DENTAL (Place uppropriate symbols above or below number of upper and lother teeth, reappelietly.) C—Restorable teeth X—Missing teeth X—Missing teeth XXX—Replaced by dentures R 2		The second of the second	ille , le louis	и — ¹
A3. PELVIC (Females only) (Check how donc) DENTAL (Place appropriate symbols above or below number of apper and lother teeth, respectively.) C	42. PSYCHIATRIC (Specify any personality deriation)	山山山地流	Mr. W. W.	
DENTAL (Flace uppropriate symbols above or below number of upper and lower feeth, respectively.) C—Restatable teeth X—Missing teeth X—Missing teeth XXX—Replaced by dentures S S S S S S S S S S S S S	43. PELVIC (Females only) (Check how done)	1 1 16	Marie Committee	
A SPECIFIC GRAVITY LABORATORY FINDINGS A SPECIFIC GRAVITY D. MICROSCOPPIC NEG 23. Jan 68 DRY SEROLOGY (Specify test used and result) 40, EKG FACTOR CMM NEGATIVE LABORATORY FINDINGS OTHER TESTS	□ VAGINAL □ RECYAL			
C-Hellorable teeth NAXX—Replaced by dentures -Nonrectorable teeth XXX—Replaced by dentures Include abutments -Nonrectorable teeth Include abutments -Nonrecto			clirely.) REMARKS A	NO ADDITIONAL DENTAL
LAEGRATORY FINDINGS LAEGRATORY FINDINGS LAEGRATORY FINDINGS LAEGRATORY FINDINGS LAEGRATORY FINDINGS LAEGRATORY FINDINGS LAEGRATORY FINDINGS ALBUMIN NEGATIVE D. MICROCCOPIC SUGAR NEGATIVE SEROLOGY (Specify test used and result) LO, EKG FACTOR LOCATIVE SO, OTHER TESTS	G-Regionable teeth	esing (ceth	(8 NS) - Fixed bridge, brackels to	The second of the balance
LABORATORY FINDINGS URINALYSIS: A. SPECIFIC GRAVITY 1.022 ALBUMIN NEGATIVE SUBAR NEGATIVE SEROLOGY (Specify test used and result) O. MICROSCOPPIC NEGATIVE SEROLOGY (Specify test used and result) O. ENG FACTOR OTHER TESTS	TAX-100	Meret by Helitages	нисьмая принистия	,
LABORATORY FINDINGS URINALYSIS: A. SPECIFIC GRAVITY 1.022 ALBUMIN NEGATIVE SUBAR NEGATIVE SEROLOGY (Specify test used and result) CMM NEGATIVE LABORATORY FINDINGS 16. SAD PORT 4HAMILL/TONIO BROOKLYN NY NEGATIVE 10. ELGCO TYPE (NID RH FACYOR) FACYOR LABORATORY FINDINGS 16. SAD PORT 4HAMILL/TONIO BROOKLYN NY NEG 23. Jan 68 DRY SEROLOGY (Specify test used and result) 10. ELGCO TYPE (NID RH FACYOR) CMM NEGATIVE	1 (30 × 15) 6 7 1	9 10 💥 😾	XXXX	,
ALBUMIN NEGATIVE D. MICROSCOPIC NEGATIVE D. MICROSCOPIC NEGATIVE SEROLOGY (Specify test used and result) CMM NEGATIVE WHERE SEROLOGY (Specify test used and result) Lique Changes Lique Changes 1.022 16 USADX PORT 4 AMILITON DEROCHAYN NY NEGATIVE SO, OTHER TESTS	131 X X X 21 25 2	5 24 23 22 21	120 × 18) × F	
ALBUMIN NEGATIVE D. MICROSCOPIC SUBAR NEGATIVE SEROLOGY (Specify test used and result) CMM NEGATIVE Lique Changes 1.022 16 USAD X PORT 4 HAMILTON DROOMLYN NY LOCATIVE D. MICROSCOPIC NEG 23 Jan 68 DRY SEROLOGY (Specify test used and result) AD, EKG FACTOR Lique Changes		•		
ALBUMIN NEGATIVE D. MICROSCOPIC NEGATIVE D. MICROSCOPIC NEGATIVE SEROLOGY (Specify test used and result) CMM NEGATIVE WHERE SEROLOGY (Specify test used and result) Lique Changes Lique Changes 1.022 16 USADX PORT 4 AMILITON DEROCHAYN NY NEGATIVE SO, OTHER TESTS		LAEGRATORY FI	NDIHGS	P
ALBUMIN NEGATIVE D. MICROTCOPPIC SUBAR NEGATIVE NEGATIVE SEROLOGY (Specify test used and result) CMM NEGATIVE AN INCOMPCES PIC NEG 23 Jan 68 DRY SEROLOGY (Specify test used and result) AN ENG FACTOR FACTOR SO. OTHER TESTS	URINALYSIS: A. SPECIFIC GRAVITY 1.022			GROOKELYN NY
SEROLOGY (Specify test used and result) CMM NEGATIVE SEROLOGY (Specify test used and result) CMM NEGATIVE SO, OTHER TESTS FACTOR				
SEROLOGY (Specify test used and result) 40, EKG ST 19. ELCOD TYPE IND RH SO. OTHER TESTS CMM NEGATIVE WAVE CHANGE		•	C32747	ngar water by the area to a total 650
CMM NEGATIVE WOND SOT FACTOR		49, ELCOD TYPE AND RE	50, OTHER TESTS	**************************************
wavechauges	MA Acres &	SP 7 FACYOR		ţ ,
I the hold the Tomb		manage of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		
(No Importance)		mrekyande)		\

			nanana silani yakan	دم جمعد دم د بنيد	aling manages - ve	o - Leves com	anne parké - mer		-	**********	, , , , , , , , , , , , , , , , , , ,	national plantifices	terrorman en	o manamata apare		متايوسة فيحصران
		,	•		•			, .		,	June 1	(C	١.		ر	
1		. Ass	EASURE	MENTS	AND C	THER	FINDIN	GS	• • • • • • • • • • • • • • • • • • • •		Lui-	-		,		
51. HEIGHT 52, WEIGHT 533	COLOR HAI		54. COL		5	5. BUILD		SLENDER	MED	uum	HEAV	x I	OBESE	56. TE!	PERATURE	
68 64		المراجعة	ξυ,	1/8 2		(Check	one)	• •	<u>,</u>							
57. BLOOD PRESSURE (Arm at heart	levely	-		58,		* 174 - M			ulse (.1	*****						
SITTING SYS. / B. SYS.	C, STANDE	50		1 '	TTING	E	AFTER	EXERCIS	E G. 23	ain, af	TER	D. REC	UMBERT	E. AFTCI	r standin	•
BIAS. CI BENT DIAS.	(3 min) 514			80		-f			Z-11-01-	,	<u> </u>			 	, ``
RIGHT 20/ AD CORR. TO 20/	€0.	1		REFRAC	CH-	,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		are per 1	12.1	f- \$===\			R VISION		·	
RIGHT 20/ CORR. TO 20/ LEFT 20/ 24 CORR. TO 20/	BY	646		᠊ᡟᠶᡶ	As alma	<u> </u>			2/	() u	CORR.		7/13 7 W			 ,
62. HETEROPHORIA (Specify distance)		G- 293 1		-}-		.,	X.		1	20	COMM.		1 00	DI		
	H.		_ H.	ě) HTHC	etarro e		ppi¢	m conv.		s	1, 1,	ا السابرات	- No No 3	-	4
	4.	ě	3	,		THUM THUM	1.4		ςτ		, -					
63. ACCOMMODATION	64. COL	R VISIO	iesT) HC	ueta an	d result)		()		EPTH PE Test uso				UNCORRI	CTED		;
RIGHT LEFT	20	Pla	.tes	12-	a.ce	لمهد مخاصده							CORRECT	EO		
66. Field of Vision	67, NIG	IT VISIO	A (Test	used pno	d ecore)			63. R	ED LENS	TEST	*		69. <u>I</u> NTR	ACCULAR	TENSION	·,
70.5		٠.				·.	n serepember	_L					4	1		
70. HEARING	71.		-	ر.	MOIOME	TER	·	* .	1.	72. P	Sychola Tema us	ogical ed and	and PSY(\$Corb)	отомон	R	
RIGHT WY /15 SY /15		256 £66	500 514	1000	2000	2600 2690	4000 4090,	6060	8000 8182		,	v	•			÷Ī.
	RIGHT	<u> </u>	2.59		1	17		1	بهنده محرا							
LEFT WV /IS SV /IS	LEFT	1 2	212	2	1	1	1	1	سريد مر	_		, ,	, -	`.		
73. NOTES (Continued) AND SIGNIFICANT OR INTER		Y) # T	سنبي	1//	<u></u>	<i>y y</i>	/			•		- 4		· ·	
	***			1,	,	•		,,	-	1.	<i>[</i> • •		* - '	\$ Y	. ;	· • ·
	,			,		;	· . , · ·	4.	,	 	•				, , ,	, .
		, ·	• •					-		J. ~						. **
			· · · ·	:	٠,٠				* *	- T- - 2	· ;	• '			ŧ.,	
	1.1.		- ,			-, -,	1 ,1,			. •	, -		7			ı
	, '	,	- 2			y - 50	4, F		·	΄ ΄	- "		•	1.		<u>,</u>
	, e.	3		•		- ** '	z,)		د د	, ·	, ,	: بر				,
	* *	,		,		- T/			7. 7. 4.	٠, ،		٠, ،		,		, .
it is a special to the second	الم الم	- '		٠ ز		*.			· 3		, ,	، ا عر		, ,		
	·	7 /				!	, · /			-, - "		-	, * '	· ·		٠,٠
	'-	ىپىدو"،	(Use	addition	nal sheeti	if neces	jory)			· `	٠.`.	٠.	ļ., · · ·	,		٠,
74. SUMMARY OF DEFECTS AND DIAGNOSES (List &	lágnoses w	th item	numberi	r)		, '			******			ς ;		J. /	·, ř	
			•	, "}				1	`, · .	. 1			-	,		٠.
			· .,	, (٠, ،			· .	i gʻribo. Tigʻi		
	100			٠, .	·	, . .	·, - ·		. ' '	2	." ``	\$	ί,	-		
	•	١,			٠, .	44°		, ,			,		3.	,		٠,
				7						. " .				,	,	
75. RECOMMENDATIONS—FURTHER SPECIALIST EXA	MINATIONS	INDICAT	TED (Spe	cifuì						75.		A. P	TYSICAL	PROFILE	<u></u>	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11	, 4%.			, ,	·		P	U		L	H ·	E	\$
										-	1					
77. EXAMINEE (Check)	· · · · · · · · · ·	N T T *				,		1 3		7 ,	·	 -				
A. ETS QUALIFIED FOR RET	ENTIO	M TI	A LB1	L '), -	٠			. *	· ·	. •	B. PHY	SICAL C	STEGÓRY		, í.,
.B. [] 15 NOT QUALIFIED FOR						-	·				· .	, , ,			1	
78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECT	rs.by Item	NUMBE	a	, -	•	, ·			-		۸ .	, s	\perp	C ;	. E	
And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s					<u></u>	·	,				لـــِــا	3		, -	<u></u>	<u>. </u>
79. TYPED OR PRINTED NAME OF PHYSICIAN ISMAEL RODRIGUEZ, CPT	MC			- 1	,	SI	SNATURE	: -225	1 6	معملا	26-6	Ã 3		`,,		
to. Typed on printed name of Physician				·			NATURE			,	· · · · · · · · · · · · · · · · · · ·	-				
AS TITES ON LUMBED WHIE OF SALVENA	100			, 1		121	JIM I UKE	' ' ' '			\$ 0.	, K.	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ST. TYPED OR PRINTED HAME OF DENTIST OR PHYSI	CIAN (India	ate whi	(ch)		4.	200	NATUR	-	-			1	<u>ئىرىنى</u> دورات سىدى	<i>>- ₽</i>		
JOSEPH L LAZORICK CPT	•	#*#I		•					ger Pjr Linn	- W. W.		# 100	The state of		• .	; · · ·
		VING A	UTHORIT	¥.,_		sic	NATURE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# 1/	Time	ئىكىنى تر. بې		NUMBE	TA TO F	
JACOB Z. VAN HOORN, L	ror Mer.	COM	MAND.	ING.	بلون معيد الأ		The	راسس	M		اسا س	46	12	TACHEL	SHEETS	-
	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	····		45			s savén	NMENT P	anning (FFICE : 10	S 0 → 266-3	

i.

4			
FD-300 (Rev.	2-9-6	7)



Nan	ne of Examinee	PURCHII	A MICHO	LAS	JOHN Middle		
•	Type or printer		amination report form				
	2	9	62	69			
	3	11	65	72			
	4	14	67	76			
	8	17	68				
46.	·Is necessary unle	ess facilities for affo	ording same are not re	eadily availab	le.		
48.	Not required unle	ss examinee is over	35 years of age or e	xamination ind	icates such is desirable.		
49.	Is necessary unle	ess facilities for aff	ording same are not r	eadily availab	le.		
71.	71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).						
Foi	All Examinees, W	hether Clerical or S	pecial Agent Applica	nts or Employ	ees:		
The	e medical examiner	should answer the	following question:				
	Examinee	is is not	qualified for strenuou	s physical ex	ertion.		
To	be Answered in th	e Case of All Male	Employees and Male	Applicants:			
1.			icting or prohibiting lateral the practical use		on in defensive tactics and		
•	No Yes	[f "yes" please spec	eify defects.				
2.	Does examinee ha	ve any defects proh	ibiting safe operation	of motor vehi	cles?		
•	No Yes	If "yes" please spe	cify defects.				
3.	least 20/40 in one rective glasses w	e eye and 20/100 in hile operating a mot	the other, corrected or vehicle? Yes	or uncorrected. No	stant vision must test at Should examinee wear corte basis		
		letkidi	ENSAMIZZOIL I				

67-413797-110

END)

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	163 ₅₅ 135 see	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216
I consider his presen	eight table, the examinee's t weight Satisfactory	frame, and other individual ph Excessive Deficie	

Andres)

Signature of Medical Examiner

/- 23-64 Date

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

FD-277 (Rev. 3-6-63)
OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

5010-104

UNITED STATES GOVERNMENT

Memorandum

FROM: Pirector, FBI

DATE: March 26, 1968

Attention: Personnel Section

SA NICHOLAS JOHN PURCHIA PHYSICAL EXAMINATION

Remylet	•
ReBulet	
, , , , , , , , , , , , , , , , , , ,	
Re physical examination	•
Dental work was completed on	•
Vision has been corrected to	. Employee specifically instructed
by	_that he can operate a Bureau car
(date) by (name of person giving instruction)	
only when wearing the necessary glasses.	
Results of chest X ray patch test urinalysis serology	were negative.
Enclosed physician's statement indicates he is qualified for strenuous	physical exertion and use of firearms.
Enclosed are paid unpaid medical bills.	
Attached are Bureau of Employees' Compensation forms	
A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	
Physical examination reports are enclosed.	
Employee is scheduled for physical examination on	r
Physical examination report has been reviewed and initialed.	
Employee returned to active duty	
Employee's physical condition is	• - · · · · · · · · · · · · · · · · · ·
UACB he is being removed from limited duty.	•
UACB he is being placed on limited duty.	
	,
	,
Remarks:	

EKG - Non-specific T wave changes - "no importance."

1-Bureau 1-New York

FJI:dcj/ENOL

LOSURE MANY

WANTER CORDED.

THREE



FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT AGENCY INSTRUCTIONS ON BACK OF ORIGINAL

TO COMPLETE THIS FORM—

FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- · Do not detach any part.

7	FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):					
L	NAME (last) (first)	(middle)	DATE OF BIRTH (month, day, year) SOCIAL SECURITY NUMBER			
		CHOLAS J	8/28/13 069/16 6407			
	EMPLOYING DEPARTMENT OR AGENCY		LOCATIÓN (City, State, ZIP Code)			
	I FBI		HEW YORK, NY. 10021			
1	MARK AN "X" IN ONE OF	THE BOXES BELOW (do				
5	Mark have	ELECTION OF OPTIONAL	(IN ADDITION TO DECLIARY INCURANCE			
	Mark here ——————————————————————————————————		(IN ADDITION TO REGULAR) INSURANCE onal optional insurance and authorize the required deductions			
	WANT BOTH optional and	from my salary, compensa	tion, or annuity to pay the full cost of the optional insurance. in addition to my regular insurance.			
	regular					
	insurance					
	Mark here		NAL (BUT NOT REGULAR) INSURANCE			
	DO NOT WANT	tional insurance until at lea	tional optional insurance. I understand that I cannot elect op- ast 1 year after the effective date of this declination and unless			
	OPTIONAL but do want	of insurability. I understand	am under age 50 and present satisfactory medical evidence d also that my regular insurance is not affected by this declina-			
	regular (B) insurance	tion of additional optional	insurance.			
	insurance					
	Mark here	WAIVER OF LIFE INSURA				
	WANT NEITHER	Insurance Program, I unde	and I waive coverage under the Federal Employees Group Life erstand that I cannot cancel this waiver and obtain regular in-			
	regular nor optional	I apply for insurance I am	ar after the effective date of this waiver and unless at the time under age 50 and present satisfactory medical evidence of in-			
	insurance (C)	optional insurance unless	Iso that I cannot now or later have the \$10,000 additional I have the regular insurance.			
Λ	SIGN AND DATE. IF YOU MA		. II FOR EMITEOTING OFFICE OSE ONLI			
4	COMPLETE THE "STATISTICA		(official receiving date stamp)			
	THE ENTIRE FORM TO YOUR	EMPLOYING OFFICE.				
	SIGNATURE (do not print)	\	FEB141968			
	Made of	$\langle \chi \rangle$ 1	1			
	1/1 Chotas	X) uz Ma	<u> </u>			
	DATE	/				
	I of glange	8 1968	See Table of Effective Dates on back of Original			
	RIGINAL COPY—Retain in Office	ial Personnel Folder	STANDARD FORM No. 176-T			
O.	MONTAL COLI-REIGHT III WING	ad resonner Folder	JANUARY 1968 (For use only until April 14, 1968)			

(For use only until April 14, 1968) 176-101

INSTRUCTIONS TO EMPLOYING AGENCY

- 1. Who must file.—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176—T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
- 2. Automatic cancellation of previously filed waivers.—All "Waivers of Life Insurance Coverage" (SF 53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box C of SF 176—T, on or before that date.
- 3. Employees failing to file.—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box B, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
- Review of completed forms.—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major

discrepancy such as a mark in more than one box.

(b) If the employee marked box **A** or box **C**, make sure the Statistical Stub is complete. Then detach and mail stubs, in a bundle, weekly to:

Office of Federal Employees' Group Life Insurance (Statistical Study)

4 East 24th Street

New York, New York 10010

- (c) If the employee marked box ${\bf B}$, detach and destroy the stub.
- 5. Date of receipt and effective date.—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.
 - (b) The effective date is determined from the table below.
- 6. **Disposition of forms.**—(a) File the Original SF 176-T in the official personnel folder in all cases.
 - (b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.
 - (c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.
- 7. **Use of SF 176-T.**—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

TABLE OF EFFECTIVE DATES

DATE SF 176-T RECEIVED BY	EMPLOYEE'S DECISION	EFFECTIVE DATE (IF NO WAIVER, SF 53, IN EFFECT)			
EMPLOYING OFFICE		OF DECISION	OF DEDUCTIONS		
	Elects optional (in addition to regular) (box A).	Coverage effective February 14, 1968.	Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968.		
On or before February 14, 1968.	Declines optional (but not regular) (box B).	Declination effective February 14, 1968.			
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay peri- od in which February 14, 1968 falls.	Deductions stop last day of pay period in which February 14, 1968 falls.		
	Elects optional (in addition to regular) (box A).	Coverage effective on date of receipt.	Deductions begin 1st day of 1st pay period beginning on or after date of receipt.		
After February 14 but not later than April 14, 1968.	Declines optional (but not regular) (box B).	Declination effective on date of re- ceipt, but employee loses auto- matic optional protection on Feb- ruary 14, 1968.			
	Cancels previously elected optional (but not regular) (box B).	Cancellation effective last day of pay period in which received.	Deductions for optional stop last day of pay period in which re- ceived.		
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay peri- od in which received.	Deductions stop last day of pay period in which received.		

NOTES: 1. Because regular insurance coverage and deductions are automatic unless waived (by checking box C), A and B elections do not affect regular insurance effective dates.

2. An employee for whom the agency files SF 176-T because he failed to file is deemed to have declined optional, but not regular, insurance.

3. An employee with an uncanceled waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and pay status in a pay period beginning on or after February 14, 1968; filling of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin the day he becomes insured.

4. The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE REPORT OF PERFORMANCE RATINGLES.

		- P)		
	Name of Employee:	NICHOLAS J. P	URCHIA	#069-16-	-6407
	Where Assigned:	NEW YORK	INT	PERNAL SECUR	
	Official Position Title	le and Grade: SP	ECIAL AGENT	4	
	Rating Period: from _	APRIL 1, 1967	to	MARCH 31,	1968
	ADJECTIVE RATING:	EXCELLENT Outstanding, Exc	ellent, Satisfacto	ry, Unsatisfactory	Employee'sInitials
THOMAS 3	Rated by: J. CROKE Reviewed by: W. HOWELL	Thomas I Considered	SPE	ERVISOR Title CIAL AGENT CHARGE	3/31/68 Date 3/31/68
ÐILLARD	Rating Approved by	Signature Signature	Assist	Title ant Director, J	Date APR 12 1968) Date
	O APR 1 51888	Official Annual	Searched OF REPORTS So (1) (2) D I	Administrat G0-Day 90-Day Transf	, , er tion from Service

Name of Employee _





PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

NICHOLAS J. PURCHIA

	RATING GUIDE AND CHECK-LIST
Not	
	Outstanding (exceeding excellent and deserving of special commendation).
=	✓ Satisfactory (good or very good). — Unsatisfactory. No property it to appraise performance during rating against
Gui	2 No opportunity to appraise performance during rating period. de for determining adjective rating:
2.	"Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated. A. Any element rated "Unsatisfactory" must be supported by narrative comments. B. An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.
	(1) Personal appearance. (2) Personality and effectiveness of his personal contacts. (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to (16) Firearms ability. (17) Development of informants and sources of information. (18) Reporting ability:
4	equitably share work load). (4) Physical fitness (including health, energy, stamina). (5) Reputing ability. (6) Investigative reports (b) Summary reports
\equiv	(5) Resourcefulness and ingenuity.
	(6) Forcefulness and aggressiveness as required. (Consider: ± conciseness; ± clarity; to Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. (Consider: ± conciseness; ± clarity; to organization; ± thoroughness; to proper conclusions, ability to define objectives.
_	1 (8) Initiative and the taking of appropriate action on own of leads: 4 administrative detail.)
	responsibility. (9) Planning ability and its application to the work. (10) Accuracy and attention to pertinent detail. (11) Performance as a witness. (20) Executive ability: (10) Leadership
_	2 (11) Industry, including energetic, consistent application to(b) Ability to handle personnel
-	duties. — (c) Planning (d) Making decisions produced and rate of progress on or completion of assignments. Also consider adherence to deadlines — (f) Training subordinates
	unless failure to meet is attributable to causes beyond employee's control. (13) Knowledge of duties, instructions, rules and regulations, including roof duties, instructions, the same and regulations, including roof duties.
,	including readiness of comprehension and "know how" of application. (14) Investigative ability and results: (21) Ability on raids and dangerous assignments: (21) Ability on raids and dangerous assignments: (21) A s leader
	(a) Internal security cases (b) Criminal or general investigative cases (22) Organizational interest, such as making of sug-
	$\frac{-\upsilon}{c}$ (c) Fugitive cases gestions for improvement.
=	(15) Physical surveillance ability. (23) Ability to work under pressure. (24) Miscellaneous. Specify and rate: (15) Physical surveillance ability. (16) Physical surveillance ability.
A.	Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):
	SECURITY
В.	Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):
c.	(1) Is employee available for general assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative
	comments.) (2) Is employee available for special assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)
	1. Has employee had an abnormal sick leave record during rating period? NO 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? (If answer to either question is "yes," explain in narrative comments.)
E.	Is employee qualified to operate a motor vehicle incidental to his official duties? X Yes No If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
	ADJECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS 1697
	ADJECTIVE RATING: EMPLOYEE'S INITIALS EMPLOYEE'S INITIALS

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA PURCHIA is of average height and build. He dresses neatly and makes a fine appearance. He has a likeable personality and is well regarded by his fellow employees.

- 2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:
 Although SA PURCHIA has not participated in raids and dangerous assignments during this rating period, he is capable of handling such assignments.
- 3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING

 PERFORMANCE; AND SICK LEAVE INFORMATION:

 There are no limitations on SA PURCHIA's availability and there are no physical limitations affecting his performance.
- 4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA PURCHIA has been assigned cases involving investigations of Cominfil and Communist front organizations, especially those involving the Jewish field. SA PURCHIA is a most loyal and enthusiastic agent who approaches his work with initiative and forcefulness. He is extremely knowledgeable of Bureau procedures and his work is accurate in detail and planning. He has an outstanding attitude and willingly participates in extra assignments when called upon. He has consistently proven that he can handle the most complicated investigative matters without any supervision.

In connection with the applicant recruitment program, he has remained alert to the Bureau's needs and he has spoken with friends and neighbors to alert them to the employment opportunities in the Bureau.

Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

By letter dated November 3, 1967, SA PURCHIA was commended for his work pertaining to a recent demonstration in the Washington, D.C. area. He also assisted in two cases in which the NYO was the recipient of a gneral letter of commendation in the security field.

6. <u>DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:</u> (List items taken into consideration on rating guide and check list.)

NONE

7. PARTICIPATION IN INFORMANT PROGRAMS:

SA PURCHIA has participated in the informant program, but during this rating period did not develop any informants.

8. TESTIFYING EXPERIENCE AND ABILITY:

None during this rating period, but every indication is that SA PURCHIA would be an excellent witness.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA

Initials

12. <u>EXPERIENCE AND ABILITY AS INSPECTOR'S AIL</u>

NA

	1/17	.
13.	FO	REIGN LANGUAGE ABILITY: NONE
	Cor Flu pro Eva	nguage in which proficient mpleted language school Yes No nent in language to extent Agent can handle typical investigative blems as follows: (1) Conversation form Yes No (2) Written form Yes No aluate language proficiency in each phase as excellent, very good, good, fair or satisfactory
		<u>Language</u> <u>Read</u> <u>Write</u> <u>Speak</u> <u>Understand</u>
	Fre	equencylanguage ability used during rating period: equency of use oflanguage ability anticipated during ensuing year:
14.	<u>AD</u>	MINISTRATIVE ADVANCEMENT:
	(a)	Agent is interested in administrative advancement. Yes X No
	(b)	Agent is completely available for administrative advancement. Yes No
		Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. Yes No If answer to (c) is "Yes," Agent's qualifications are considered very good excellent outstanding
	(e)	If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.)
		The second second second second second second second second second second second second second second second se

W.

read of the Budget routar A-32 (Rev.)	OKI OF MEDICAL	, EXAMINATIC		<i>→</i> 63-101-01
CAST NAME-FIRST NAME-MIDDLE 10ME	Otto to de desir	2. GRADE AND COMPOR	OR POSITION	3. IDENTIFICATION NO.
	CHOLBS Jan		M	6 245 25 25 2444
. HOME ADDRESS (Number, street or RFD, city or to	wn, zone and State)	5. PURPOSE OF EXAMINATION OF STANKING		6. DATE OF EXAMINATION
		198984 0	-	1.2/19/6/
•				1 6
SEX 8. RACE 9. TO	TAL YEARS GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION U	INIT
J's MILIT	ARY CIVILIAN	$\neg FBI$		
DATE OF BIRTH 13. PLACE OF BIRTH		14. NAME, RELATIONSH	IIP, AND ADDRESS OF 1	NEXT OF KIN
Jania later is:	W NEW MARINE			
2/78/6 /1/67 /200	K, HEW YORK	1		
EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATIO	ON	
US Army Disp-Ft. Hamil	iton, NY			
RATING OR SPECIALTY	A THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON OF THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON OF THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON OF THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON OF THE PERSON OF THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON OF THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON OF THE PERSON OF THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PER	TIME IN THIS CAPACITY	(Total)	LAST SIX MONTHS
		1		
CLINICAL EVALUATION	NOTES. (Describe eve	er shootmality in det	ail Enter pertine	nt item number before each
		Continue in item 73 an	id use additional sl	heets if necessary.)
AL umn; enter "NE" it not evaluated.)	MAL			
18. HEAD, FACE, NECK AND SCALP	-}			
-/ 19. NOSE	4			
, 20. SINUSES				
21. MOUTH AND THROAT	4			
22. EARS—GENERAL (Int. & ext. canals) (Auditor acusty under stems 70 and 71				
23. DRUMS (Perforation)			,	
* 24. EYES-GENERAL Wisual acuity and refraction under stems 59, 60 and 67)	1 2 3-2			
25. OPHTHALMOSCOPIC				
" 26. PUPILS (Equality and reaction)	 			
27. OCULAR MOTILITY (Associated parallel more ments, nuslagmus)				
28 LUNGS AND CHEST (Include breasts)				
29. HEART (Thrust, size, rhythm, sounds)				
30. VASCULAR SYSTEM (Varicosities, etc.)				
31. ABDOMEN AND VISCERA (Include hernia)				
	Prastesta.	Borren !	بيعا بدويي	4 1 C 1 T 6
32. ANUS AND RECTUM (Hemorrhoids, fistular) - 33 ENDOCRINE SYSTEM		44.4	7 37	
	-		1-1-1-1	3-AA
34. G-U SYSTEM	- 		67-64 /	31/91-11
35. UPPER EXTREMITIES (Strength, range of motion)	_	REC-140	Scarched	Numberéd *
- 36. FEET		WEO	nociaoneo	
* 37. LOWER EXTREMITIES Except feet) (Strength, range of motion	,x		7	' FEB 24 19692
38. SPINE, OTHER MUSCULOSKELETAL				
39 IDENTIFYING BODY MARKS SCARS, TATTOO	S Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	The state of the	in Mar	
40, SKIN, LYMPHATICS	4481		Tribe !	M
41. NEUROLOGIC (Fquilibrium tests under item ?.	SIM			<i>l</i> .
42. PSYCHIATRIC (Specify any personality deriation		?		
43. PELVIC (Females only) (Check how done)	 			
□ VAGINAL □ RECTA	L 1	(Continu	e in item 73)	
DENTAL (Place appropriate symbols above or below			REMARKS	AND ADDITIONAL DENTAL
O-Restorable teeth	K-Missing teeth	(6 X Y) - Fixed bridge, brack	kets to DEFECTS A	ND DISEASES
I-Nonrestorable teeth XXX	K-Replaced by dentures	include abutmen	us L	and a
R i	8 9 10 11 12	i3 14 15 1	16 E	
G			16 E	-
н 32 31 30 29 28 27 26 Т		LJ 10 1	" †	
	LABORATORY F		^	
	.017		Place, date, film number	
	Negative			, DROOKLYNNY 11252
sugar Negative	MARKETA A		Negative 1	
SEROLOGY (Specify test used and result) 48. 1	EKG 49. BLOOD TYPE AND RI	H 50. OTHER TESTS	Dry Rea	ading
CMF Negative	WAL			
			:	
FEB28(EE)				
redoction				W.

	MEASUREMENTS AND	OTHER FINDINGS			
51. HEIGHT 52. WEIGHT	53. COLOR HAIR 54. COLOR EYES	55. BUILD.	MEDIUM HEAVY	OBESE	56. TEMPERATURE
7. BLOOD PRESSURE (Arm	at heart level) 58.		PULSE (.1rm at heart l	erel)	
A SYSTEM B SY	STANDING	B. AFTER EXE	RCISE C 2 MIN AFTER	D. RECUMBENT	E AFTER STANDING 3 MIN.
	a na professional registration and the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contrac	marain along a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series are a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a ser			<u> </u>
9. DISTANT VISION	60, REFRACTION		61.	NEAR VISION	<u> </u>
CORR TO 20/	BY JS	OX	a an international plan the factories.	R TO	- BY -//
EFT 20/ CORR. TO 20/	BY S.	OX	COR	R. TO	8Y ' ,
2. HETEROPHORIA (Specify distance)	CRTHOPHORIA		e 1		
ES° EX°	L.H. PRISM	DIV.	PRISM CONV. CT	PC	PD
3. ACCOMMODATION	64. COLOR VISION (Test used and result	5 (5)	5. DEPTH PERCEPTION	UNCORRE	CTED
IGHT LEFT	m Plates //65		(Test used and score)	CORRECT	ED
6. FIELD OF VISION	67. NIGHT VISION (Test und and score)	6	8. RED LENS TEST	69. INTRA	ACCULAR TENSION
1900 MA TO	1.		*	12	4 141
		L	72 peveue	LOGICAL AND PSYC	HONOTOR
U. HEARING	71. AUDIOME	- 	(Tests	used and score)	, nomo ron
RIGHT WV /15 SV	.15 250 500 1000 2000 250 512 1024 2048	3000 ±000 6 2896 2006 6	8000 8000 1244 8192		
EFT ŴV /15 SV	/IS RIGHT F. 15 15	(1/2)	12 N		
73. NOTES (Continued) AND SIGNIFICANT		1 ALPAIN	XI Zai	,	
4 SUMMARY OF DEFECTS AND DIAGNOSE		ts if necessary)			
,	_		4		
75. RECOMMENDATIONS—FURTHER SPECIA	LIST EXAMINATIONS INDICATED (Specify)	en man ava af en comme	76.	A. PHYSICAL	PROFILE
None			P	UL	H E S
addallariillarii indiana kaalaan kaa adalla (* 16 ilionopolis kada kaalaan kaalaan kaalaan kaalaan kaalaan kaa	ipinapyangay yagalayang sinay yagay day ilaan ilipogii saganaadi sinangani nadaqonaanad, seksiba seksibibe s kestee of				
77. EXAMINEE (CACCE) A	Retention in F. B. I.			B PHYSICAL.C/	ATEGORY
78. IF NOT QUALIFIED. LIST DISQUALIFYIN	THE RESERVE WE ARREST THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO	L144 (44-144-144-144-144-144-144-144-144-144-	A	8	C E
79. TYPED OR PRINTED NAME OF PHYSICIA	N rest & Conto	SIGNATURE		· ***	- 1
	Jose & Santa	1-3.25	t have	Les motions	e that we
80. TYPED OR PRINTED NAME OF PHYSICIA	IN CPT 1	SIGNATURE	The supplementary are supplementary		
81. TYPED OR PRINTED NAME OF DENTIST JAY WESCHLER, CPT.	OR PHYSICIAN (Indicate u hich)	SIGNATURE		1.	, , , , , , , , , , , , , , , , , , ,
82. TYPED OR PRINTED NAME OF REVIEWI	NAME AND DESCRIPTION OF THE PARTY AND PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	SIGNATURE	, A Con	tagli	NUMBER OF AT-
OODE A. DANIA, OF	, AO IE SECTION, OHIEF	-1600	ns co	VERNMENT PRINTING O	N A DEFICE 1960 - O-540014

46E 55

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

	ne of Examinee <u> </u>	PURCHIA	Y/CH(DLAS First	JOHN Middle
The	following portions	of the attached exa	amination report form	need not be comp	leted:
	2	9	62	69	
	3	11	65	72	
	4	14	67	76	
	8	17	68		
45,		in deems one, two	Agent applicants but roor all three of the exarrent employee.		
48.	Not required unless	s examinee is over	35 years of age or ex	xamination indicat	es such is desirable.
49.	Is necessary unles	s facilities for affo	ording same are not re	eadily available.	
71.	and Special Agents	. Applicants for t	fforded whenever pos he Special Agent pos either ear in the con	ition will not be a	ccepted if the hearing
For	All Examinees, Who	ether Clerical or Sp	pecial Agent Applica	nts or Employees:	
The	medical examiner s	hould answer the f	following question:		
	Examinee	Tis is not	qualified for strenuou	s physical exertic	on.
T0	be Answered in the	Case of All Male I	Employees and Male I	Applicants:	
	•		icting or prohibiting hatail the practical use		n defensive tactics and
[No ☐ Yes If	"yes" please spec	ify defects.		
2.	Does examinee have	any defects prohi	biting safe operation	of motor vehicles	?
(⊒No ∐Yes If	"yes" please spec	cify defects.		
	least 20/40 in one or rective glasses whi	eye and 20/100 in le operating a moto	vil Service Commissithe other, corrected or vehicle? Yes	r uncorrected. Sh	ould examinee wear cor-
•			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		My.
		. 61-	413797-1	12.	

RECUL ADMIN. DIV. Desirable Weight Ranges for Males $\stackrel{F}{=} \stackrel{B}{=} \stackrel{T}{=}$

,	Desirable Weight R	rable Weight Ranges for Males 🔭 📙 💄		
Height	Small Frame	Ме да рф Брайс В АМ °69	Large Frame	
5'4"	117 - 125	123 - 135	131 - 148	
5' 5"	120 - 129	126 - 139	134 - 152	
5'6"	124 - 133	130 - 143	138 - 157	
5'7" ·	128 - 137	134 - 148	143 - 162	
5'8"	132 - 141	138 - 152	147 - 166	
5'9"	136 - 146	142 - 156	151 - 170	
5'10"	140 - 150	146 - 161	155 - 175	
5'11"	144 - 154	150 - 166	160 - 180	
6'	148 - 158	154 - 171	164 - 185	
6'1"	152 - 163	158 - 176	169 - 190	
6'2"	156 - 167	163 - 181	174 - 195	
6'3"	160 - 171	168 - 186	178 - 200	
6'4"	169 - 180	178 - 196	188 - 210	
6'5"	174 - 185	182 - 202	192 - 216	

4.	Examinee's frame is small medium large
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight
6.	Under proper medical supervision, employee should lose pounds
	gainpounds
Re	marks:
	

Signature of Medical Examiner

19 Dec 68

Date

SAC New York City	12/10/68	, *
Director, FBI Nicholas J. Purchia SPECIAL AGENT		
The above-captioned Special Ager	nt attended the following training o	ourse(s)
In-Service: from <u>11/25/68</u>	to <u>12/6/68</u>	
Criminal [Accounting	• .
Security Basic Advanced	Expert Firearms-Defensive T	actics
	entered on the individual field fi	 rearms
training record (FD-40). The following Notebook Examination Shotgun Course #2 Rifle Machine Gun		
Specialized Training: MAILED 21 Fro Admin. Firearms: DEC 10 1968 COMM-FBI :	m To	
Tolson DEC AL 1906 Mohr DEC AL 1906 Bishop Casper Callehan I-SA NICHOLAS J. PURCHIA Conrad NEW YORK CITY Gale Rosen Sullivan HLS:les & Trotter (3) Holmes Gandy MAIL ROOM TELETYPE UNIT		



UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE	AND SUBMIT BOTH COPIES TO T	THE BUREA	.U	•	
Official Bureau Name (plea	se type or print)	Date	, %	Office of Assignment (or SOG Division)	
	J. PURCHIA		20/68		
The following person is de	signated as my beneficiary for Speci	ial Agents I	isurance Fu	ind:	
Name (primary beneficiary;	use given first name if female)			Relationship	b6
				WIFE	.b7
Address					
91BLAUV	ELT ST. TEA! ary, if desired; use given first name	NECK	. N.J	-,	
Name (contingent beneficia	ary, if desired; use given first name	if female)	<i>}</i> ————	Relationship	 .
		*			
Address					
The following persbeneficiary of agents kille	11? Yes No If not, the	entire follo inder the Ch	wing portion as. S. Ross	ngent beneficiary respectively of the n must be executed. Fund providing \$1500 death benefit to Relationship	·
Address					
Address	•				
Name (contingent beneficia	ary, if desired; use given first name	if female)	-	Relationship	
Address					
		,	Very truly	yours,	
	Report Transfer		,		
•	Remarka I	Fend			•
	JUN 5 1088		$\mathcal{M}_{\mathcal{C}}$	cholas . Surches	,
,	•		Special A	gent :	متتعي
,	[R P Prop		,	\ <i>J</i> /	

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee:	NICHOLAS J. PURCH	IA #069-16-0	5407
· Where Assigned: _	NEW YORK (Division)	SECURITY (Section, U	Unit)
Official Position T	itle and Grade: SPECIAL A	GENT GS-13	
Rating Period: from	APRIL 1, 1968	to MARCH 31	, 1969
ADJECTIVE RATING:	EXCELLENT Outstanding, Excellent, Satisfactory, Unsatisfactory		employee's Initials
Rated by:	Signature	Supervisor	b6 b7C 3/31/69 Date
Reviewed by:	Signature	Special Agent in Charge	3/31/69 Date
Rating Approved by: _		Assistant Director	APR 22 1969
	Signature	Title	Date
-	TYPE OF R	REPORT Searched Adminin	Numbered 27 APR 23 1969
	X Annual	€(-134	-Day -Day ansfer
	3 - pip	Se	paration from Service ecial

11 APRZGV969

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Nan	Name of Employee NICHOLAS J. PURCHIA	
===	RATING GUIDE AND CHE	CK-LIST
Not	Note: Only those items having pertinent bearing on employee's performance sho	
\equiv	RATE ITEMS AS FOLLOWS:	o.
\equiv	Satisfactory (good or very good). Unsatisfactory. No opportunity to appraise performance during rating period.	
2.	 Guids for determining adjective rating: "Qutstanding" adjective rating requires (A) that all elements be + and (B) the standing representative details, including reasons for considering each worthy of Special Company. 	numendation and be attached to FD-18ba. upon the composite result of evaluating all rated elements a rated "Excellent" he must not be rated unsatisfactory on the text of the rated "Excellent" or "Outstanding" on the majority of a rating is reasonable in the light of elements rated. (1) wherein the performance is unsatisfactory (2) the facts
	(1) Personal appearance	(16) Firearms ability. (17) Development of informants and sources of information.
	loyalty, enthusiasm, amenability and willingness to equitably share work load). (4) Physical fitness (including health, energy, stamina). (5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required.	+ (18) Reporting ability:
	(7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. (8) Initiative and the taking of appropriate action on own responsibility.	(Consider: ±conciseness; ±clarity; torganization; ±thoroughness; ±accuracy; ±adequacy and pertinent of leads; ±administrative detail.) (19) Performance as a witness.
	(9) Planning ability and its application to the work. (10) Accuracy and attention to pertinent detail. (11) Industry, including energetic, consistent application to duties.	(19) Fertofinate as a witness. (20) Executive ability: (a) Leadership (b) Ability to handle personnel (c) Planning
-	(12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.	d) Making decisions (e) Assignment of work (f) Training subordinates (g) Devising procedures (h) Emotional stability
<u></u> _	— 1 (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.	(i) Promoting high morale (j) Getting results Ability on raids and dangerous assignments:
		(a) As leader (b) As participant (22) Organizational interest, such as making of suggestions for improvement. (23) Ability to work under pressure.
	(15) Physical surveillance ability.	(24) Miscellaneous. Specify and rate: Dictation ability. Applicant Recruitment
Α.	A. Specify general nature of assignment during most of rating period (such as sesupervisor, instructor, etc.):	curity, criminal, applicant squad, or as Resident Agent,
_	Security	
В′	Specify employee's most noteworthy special talents (such as investigator, des	sk man, research, instructor, speaker):
	 C. (1) Is employee available for general assignment wherever needs of service r comments.) (2) Is employee available for special assignment wherever needs of service r comments.) 	
D,	1. Has employee had an abnormal sick leave record during rating period? leave or LWOP for illness) during rating period than the amount of sick leave question is "yes," explain in narrative comments.)	2. Has employee used more sick leave (including annual e earned during such period? NO(If answer to either
Ę.	E. Is employee qualified to operate a motor vehicle incidental to his official dut If answer is "yes," personnel file must reflect the following: (a) Has valid (b) Is physically fit to drive. (c) Past safe driving record OK or has passed	ies? X Yes No State or local operator's license for type vehicle he is to use. Bureau road test.
	ADJECTIVE RATING: EXCELLENT	EMPLOYEE'S INITIALS

Outstanding, Excellent, Satisfactory, Unsatisfactory

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA PURCHIA presents a neat and proper appearance and dresses in good business taste. He has a friendly and pleasing personality and is effective in his personal contacts.

- 2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

 SA PURCHIA is capable of participating in raids and dangerous assignments and has done so in past rating periods.
- 3. <u>LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:</u>

None.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA PURCHIA has been assigned cases involving investigation of Communist front organizations, especially those involving the Jewish field. (He carefully supervises his own work, meeting all deadlines, and invariably does a superior job. He has consistently proven he can handle the most complicated investigative matters with a bare minimum of supervision. SA PURCHIA is a dependable, conscientious person. He voluntarily participates in extra duty assignments. His overall performance is excellent.

SA PURCHIA has participated in the Bureau's applicant recruitment program.

Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

SA PURCHIA was one of a number of New York Agents who received a general letter of commendation dated May 28, 1968.

6. <u>DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:</u> (List items taken into consideration on rating guide and check list.)

None.

7. PARTICIPATION IN INFORMANT PROGRAMS:

SA PURCHIA has participated in the informant program. He handles an informant and a panel source, and has developed one PSI during this rating period.

8. TESTIFYING EXPERIENCE AND ABILITY:

None during this rating period, but every indication is that SA PURCHIA would be an excellent witness.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA

Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE: NA

13.	FO	REIGN LANGUAGE ABILITY: None	•			
	Con Flu prol	nguage in which proficientnpleted language school Yes No ent in language to extended to extend the plants as follows: (1) Conversation form (2) Written form luate language proficiency in each phase as satisfactory] Yes] Yes	□ No □ No		
		Language	Read	Write	Speak	<u>Understand</u>
					•	
		_				
	Fre	quencylanguage ability us	ed during	rating perio	d:-	
	Fre	quency of use oflanguage	ability ar	nticipated du	ring ens	uing year:
14.	AD	MINISTRATIVE ADVANCEMENT:				
	(a)	Agent is interested in administrative advance	ement.		□ Yes	X No
	(b)	Agent is completely available for administra	ative adv	ancement.	⊒ Yes	□ No
	(c)	Agent is considered completely qualified at administrative advancement, including experpersonality and appearance.			⊐ Yes	┌── No
	(d)	If answer to (c) is "Yes," Agent's qualificated very good excellent outstands		considered		,
	(e)	If answer to (c) is "No," is Agent considered for future administrative advancement? (If a explanatory comments required.)	d to have pplicable	e potential ?,	ן Yes	□ No

Initials



UNITED STATES GOVERNMENT

Memorandum

то	: Director, FBI	DATE:	February	18, 1969
FROX	N FAC, NEW YORK	Atten	tion: Personne	l Section
SUBJI	NICHOLAS JOHN PURCH SPECIAL AGENT PHYSICAL EXAMINATION			
	THISTORE EMPLOYEE	72 X		
	Remylet			
	Re physical examination Dental work was completed on Vision has been corrected to			e specifically instructed
L.,	(date) by (name of p	person giving instruction)		
	only when wearing the necessary glasses. Results of chest X ray patch tes Enclosed physician's statement indicate Enclosed are paid unpaid medicate	t urinalysis serolos he is qualified for strenual bills.	ous physical ex	ertion and use of firearms
	Attached are Bureau of Employees' Comp Z Physical examination reports are enclose			
Ē	Employee is scheduled for physical exam			
عا ح	X Physical examination report has been revenue. Employee returned to active duty			
Ĺ	Employee's physical condition is			
	UACB he is being removed from limited of UACB he is being placed on limited duty	luty.	ST-NOT H	ECORDED.7
R	Remarks: Diverticulitis - 19	956; Asymptomátic	now.	De De
4	1 - Bureau 1 - New York			
	FJI: emp (2)			
	(2) ENCLOSURE	Ara	•	
	"U" I MARIE	rego,		

j.: FGB28

THREE

Standard Form 88 & (Rev. June 1958) Bureau of the Budget REPORT OF MEDICAL EXAMINAT Circular A-32 (Rev.) 2. GRADE AND COMPONENT OR POSITION 1. LAST NAME-FIRST NAME-MIDDLE NAME 3, IDENTIFICATION NO. YICHOLAS 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 6. DATE OF EXAMINATION 5. PURPOSE OF EXAMINATION 11/25/69 ANNUAL 10. AGENCY 7. SEX 11. ORGANIZATION UNIT 8. RACE 9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN FB I 12. DATE OF BIRTH 13. PLACE OF BIRTH 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN NEWYORK CITY, USA 8/28/13 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USA 16. OTHER INFORMATION BROOKLYN, MY FORT HAMILTON. 17. RATING OR SPECIALTY TIME IN THIS CAPACITY (Total) LAST SIX MONTHS CLINICAL EVALUATION NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.) (Check each item in appropriate col umn; enter "NE" if not evaluated.) 18. HEAD, FACE, NECK, AND SCALP NOSE 20 SINUSES 28. MOUTH AND THROAT 22 EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) 23. DRUMS (Perforation) 24. EYES-GENERAL (Visual acuity and refraction under ilems 59, 60 and 67) 25. OPRTHALMOSCOPIC PUPILS (Equality and reaction) AV. OCULAR MOTILITY (Associated parallel move-ments, nystaomus) 28 LUNGS AND CHEST (Include breasts) 29. HEART (Thrust, size, rhythm, sounds) 30. NASCULAR SYSTEM (Varicosities, etc.) 82 Parts WAL Herwichn Scetory 31. ABDOMEN AND VISCERA (Include hernia) 32. ANUS AND RECTUM (Hemorrhoids, fistulae) 33. ENDOCRINE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range of 26. FEET M. LOWER EXTREMITIES (Except feet) 38. SPINE. OTHER MUSCULOSKELETAL (cas acc) 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCH]ATRIC (Specify any personality deviation) 43. PELVIC (Females only) (Check how done) □VAGINAL □RECTAL (Continue in item 73) REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.) O∸Restorable teeth X—Missing teeth XXX—Replaced by dentures Fixed bridge, brackets to Nonrestorable teeth include abutments 24 23 22 18 LABORATORY FINDINGS 45. URINALYSIS: A. SPECIFIC GRAVITY 1.015 46. CHEST X-RAY (Place, date, film number and result) D. MICROSCOPIC B. ÁLBUMIN

A5. URINALYSIS: A. SPECIFIC GRAVITY 1.015

B. ALBUMIN negative D. MICROSCOPIC USAD, FT HAMILTON, BKLYN, NY 11252

C. SUGAR negative negative 18. EKG 49. BLOOD TYPE AND RH FACTOR

CMF Negative WNL 50. OTHER TESTS





IN



												13	•		-	1			•	
*	•												~ ~ €.		**		,	1		
	٠,						M	EASURE	MENTS	AND (OTHER									
. HEIGHT	8	52.	WEIGHT >	- " · "	53. CO	DLOR HAI		54 COL	OR EYES		55. BUILD (Check		SLENDER	MEDI	UM HE	AVY	OBESE	56. 1	EMPERAT	URE
2	- P	BLOOD R	RESSURE (.		reart le				58.	`					rm at heart					
A) SITTING	DIAS.	3	B. RECUM-	SYS.		C. STANDI			A. SI	iting 10	В	. AFTER I	EXERCISE	C. 2 M	IH. AFTER	D, F	RECUMBEN	T E. AI	FTER STAI MIN.	IDING
·		DISTANT	BENT	DIAS.		(3 min	DIA		REFRACT	O				61.			NEAR VISIO		<u>_</u>	
GHT 20/	भो		ORR. TO 20			BY		s.		1011	C	<u> </u>		2	15 COB	R. TO	TIENK VISIO		Y L	11
FT 20/	7		ORR. TO 2		·	BY	· · ·	s.			C			w	57/cor		w		BY 7	4
HETERO	PHORIA	(Specify	distance) ·	· · · · · ·		·								 / .	70		/			
'ES°		EXª	•		R. H.	•	Q. 1	нтно: - ^н .20:	PHOR ft.,	PRISM I	DIV.			CONV.	7		PC		PD	
3.	A	ссоммо	DATION			64. COL	OR VISIO	ON (Test	used an	d tesult))	. ,	65. DEI	PTH PER	RCEPTION and score)		UNCORF	RECTED	,	÷
IGHT	` `	1	LEFT			_ A	0 21	stes	·	11A	20-	·	(2)	est useu	ana score)		CORREC	CTED		
5. FIELD (of Vision	N _	,			67. NIG	HT VISIO	ON (Țest	used and	i (core)	,	-	68. REI	D LENS	TEST	ř <u>.</u>	69. INT	RACCUL.	AR TENSI	6 6
).	· .`	HEARING	}			71.		,		UDIOMĖ	TER	<u>, , , , , , , , , , , , , , , , , , , </u>	,		72: PSYCH (Tests	OLOGIC	AL AND PS'	ҮСНОМ	OTOR	
GHT WV		/15	sv .	,)15	,]	250 256	500 512	1000	2000 2048	* 3000 2895	4000 4095	6000 6144	8000 8182	1-2000					
• • •		٠. '	ı			,		<u> </u>	<u> </u>				N /				7	*	-	
FT WV	- '	_ /15	sv		/15	RIGHT	10	0	10	0	\	5	X	5	, fr				٠.,	
NOTES	(Contin	ned) sur	SIGNIFICA	NT OF I	UTEDVA	LEFT	<u> </u>	0	0	0	<u>/</u>	20	Ϋ́	0				`	.;,	<u> </u>
, ,,,,				P.1	1. P	130/8	/80 30	ytn i	Stre	et N	YC									ئ رۇپىدىن را
	18	8 th 1		P.1 9 A. P.M 9 A.	M. 1.	140/8 140/ 50/82	/80 30 /82 2	ytn ;	Stre	et N	IC .									
	19	8th 1 9th 1	Dec.69	P.1 P.M P.M P.1	M. 1, M. M. M. M. M. M. M. M. M.	140/8 140/8 50/82 126/	/80 30 /82 2 /86 38	` (<i>Us</i>	e additio		LC if neces	seary)								
74. SUMM	19	8th 1 9th 1	Dec.69	P.1 P.M P.M P.1	M. 1, M. M. M. M. M. M. M. M. M.	140/8 140/8 50/82 126/	/80 30 /82 2 /86 38	` (<i>Us</i>	e additio			isary								
4. SUMM	l ARY OF	8th 1	Dec.69	P.1 P.M P.1 Noses (1	M. 1. M. M. M. J. List dia	140/8 140/82 50/82 126/ 148/8	/80 30 /82 2 /86 38	(Us.	e additio	nal sheet	te if neces	sary)								
	19 ARY OF	8th 1 9th 1 DEFECTS	Dec.6	P.1 P.M P.1 Voses (1	M. M. M. M. M. Gist dia Sha	140/8 140/8 50/82 126/ 148/8	/80 30 /82 2 /86 38	(Us number	e additio	nal sheet	te if neces	isary)			76.	A	PHYSICAL		LE:	
75. RECOK	19 ARY OF	8th 1 9th 1 DEFECTS Un Co	Dec. 64 AND DIAGI LULTHER SE	P.1 P.M P.M P.1 WOSES (1)	M. I. M. M. M. J. M. J. State dia dia dia dia dia dia dia dia dia dia	140/8 140/8 50/82 126/ 148/8 1900868 W	/80 30 /82 2 /86 38	(Us. number	e additio	nai sheet	te if neces	sary			76. P	A	PHYSICAL L	L PROFI	LE E	3
'5. RECON	19 ARY OF	Sth 1 9th 1 DEFECTS Out Co	Dec. 64 AND DIAGI	P.1 P.M P.1 NOSES (1) Longo	M. I. M. M. M. J. M. J. State dia dia dia dia dia dia dia dia dia dia	140/8 140/8 50/82 126/ 148/8 1900868 W	/80 30 /82 2 /86 38	(Us. number	e additio	nai sheet	te if neces	sary)								- S
75. RECON	ARY OF	Sth 1 9th 1 DEFECTS Out Co H TIONS—F Bloweck)	Dec. 60 Dec. 60 AND DIAGI LULI URTHER SE	P.I. P.M P.I. VOSES (I	M. 1. M. M. M. M. J. M. J. Glad dia Glad Capt Capt Capt Capt Capt Capt Capt Capt	140/8 140/8 50/82 126/ 148/8 (Languages unitable)	/80 30 /82 2 /86 38 outh item	TED (Sp	e additions) Output eccify). s th	nai sheet	te if neces	isary)				บ		H -	E	\$ 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. RECON	ARY OF ARY OF OOO NEE (Ch	Sth 1 9th 1 DEFECTS Cut Cut FIONS—F Bloomeck) D FOR T QUALIF	Dec. 60 Dec. 60 AND DIAGI LULI URTHER SE	P.1 P.M P.M P.1 NOSES (1) Longo ECIALIST ESSUE Rete	M. 1. M. M. M. M. J. M. J. G.	130/8 140/50/82 126/148/8 1970868 u	/80 30 /82 2 /86 38 with item	(Us.	e additions) Output eccify). s th	nai sheet	te if neces	sary)				บ	. L.	H -	E	\$ S
5. RECON 7. EXAMI 1. LIS C B. [8. IF NOT	ARY OF MENDAT MENDAT MENDAT MULIFIE JIS NO.	9th 1 9th 1 DEFECTS Cut Cut FIONS—F Block Defeck) Defeck Topialif Jeb. List	Dec. 64 Dec. 64 AND DIAGI LUCY URTHER SE Od Pr IED FOR	P.1 P.M P.M P.I NOSES (I	M. 1. M. M. M. M. J. M. J. G.	130/8 140/50/82 126/148/8 1970868 u	/80 30 /82 2 /86 38 with item	(Us.	e additions) Output eccify). s th	nai sheet	to if neces	GNATURE			, P	B.	PHYSICAL O	CATEGO C	E	S
5. RECON 7. EXAMI 1. LIS C B. [8. IF NOT	ARY OF MENDA M	9th 1 9th 1 DEFECTS Out Co H TIONS—F Blo neck) D FOR T QUALIF	Dec. 64 AND DIAGI AND DIAGI LUCT URTHER SE OD PT IED FOR T DISQUALI	P.1 P.M P.M P.I NOSES (I	M. M. M. M. Gist dia Sha Lee D F EXAM THE INTERPRETED 140/50/82 126/148/8 1000 1000 1100 1100 1100 1100 1100 110	/80 30 /82 2 /86 38 with item	(Us.	e additions) Output eccify). s th	nai sheet	to if neces		Dan	te	, P	B.	PHYSICAL	CATEGO C	E	S .	
7. EXAMI 17. EXAMI 18. IS C 18. IF NOT	ARY OF MENDA MENDA MEL (Ch UALIFIE IS NO QUALIF OR PRIN	9th 1 9th 1 DEFECTS (U(C) FIONS—F Bloomeck) D FOR T QUALIF HED. LIST	Dec. 60 Dec. 60 AND DIAGO AND DIAGO URTHER SE OCH PT	P.1 P.M P.M P.I NOSES (I	M. M. M. M. Gist dia Sha Lee D F EXAM THE INTERPRETED 140/50/82 126/148/8 1000 1000 1100 1100 1100 1100 1100 110	/80 30 /82 2 /86 38 with item	(Us.	e additions) Output eccify). s th	nai sheet	te if neces		Dan	te	, P	B.	PHYSICAL O	CATEGO C	E	\$ S S S S S S S S S S S S S S S S S S S	
75. RECOM 77. EXAMI A S S B. [78. IF NOT 79. TYPED 80. TYPED	ARY OF ARY OF MENDA COOCC NEE (Ch QUALIFIE OR PRIN	9th 1 9th 1 DEFECTS (W. C. H.	Dec. 64 Dec. 64 AND DIAGI LULT URTHER SE Od. PT IED FOR T DISQUALI ME OF PHYS	P.1 P.M P.M P.1 NOSES (1) Lon of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color o	M. 1. M. M. M. M. J. M. M. J. M. M. J. M. M. J. M. M. M. M. J. M. M. M. J. M. M. M. J. M.	140/8 140/8 140/8 126/8 126/148/8 13000000000000000000000000000000000000	/80 30 /82 2 /86 38 with item s indica eck n th	TED (Sp	e additions) Output Sth	nai sheet	ste if neces	GNATURE	Jan	te	, P	B.	PHYSICAL O	CATEGO C	E	S .
75. RECOM 77. EXAMI 78. IF NOT 79. TYPED 80. TYPED	ARY OF ARY OF MEE (Ch DUALIFIE OR PRIN	9th 1 9th 1 PEFECTS WITCH TIONS—F Block D FOR T QUALIF NTED NAM NTED N	Dec. 64 Dec. 64 AND DIAGI LULL URTHER SE Od. Pr IED FOR T DISQUALI ME OF PHYS ME OF DEN	P.1 P.M P.M P.1 NOSES (1) Lon of ECIALIST ESSU: Rete FYING DI SICIAN OMBAI SICIAN	M. I. M. M. J. M. J. M. J. Star dia Star dia PERAM REPLETED TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	140/8 140/8 140/8 126/8 126/148/8 IINATIONS reche	/80 30 /82 2 /86 38 with item s indica eck n th	TED (Sp	e additions) Output Sth	nai sheet	ste if neces	GNATURE	Jan	te	, P	B.	PHYSICAL O	CATEGO C	E	S .
5. RECON 7. EXAMI 1. IS C 8. IF NOT 9. TYPEC 11. TYPEC 12. TYPEC 13. TYPEC	ARY OF MENDATION MEE (Chinal Is no or print) OR PRINT	9th 1 9th 1 DEFECTS WI (C) H TIONS—F Bloomeck) D FOR T QUALIF HED. LIST NTED NAM NTED NAM T J.	Dec. 64 Dec. 64 AND DIAGI LULT URTHER SE Od. PT IED FOR T DISQUALI ME OF PHYS	P.1 P.M P.M P.1 NOSES (I	M. M. M. M. M. J. M.	140/8 140/8 140/8 126/8 126/148/8 1900ses u 110nations reche On i 8 BY ITEM M.D., CIAN (Ind	/80 30 /82 2 /86 38 with item c /u. S INDICA eck n the Number	TED (Sp	e additions) Governors sth	nai sheet	ste if neces	GNATURE	Jan	te	, P	B.	PHYSICAL O	CATEGO C	E	

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Nar	ne of Examinee Type or print)	PURCHIA	MICHOLAS	JOHN First	Middle
		ons of the attached e	xamination report form	n need not be co	mpleted:
	3	9	62	69	
	4	11	65	72	
,	8	14	67	76	
		17	68		,
45,	any other appli	cant unless the exam	al Agent and FBI Nat ining physician deem 47 are required in ex	s one, two, three	or all four of the
48.	Not required un	nless examinee is ove	er 35 years of age or	examination indi	cates such is desirable.
71.	and Special Ag	gents. Applicants for	the Special Agent po	sition will not b	ecial Agent applicants e accepted if the hearing ech range (500, 1000,
Foi	All Examinees	, Whether Clerical or	Special Agent Applic	ants or Employee	es:
The	e medical exami	ner should answer the	e following question:		* ,
	Examin	nee sis sis no	t qualified for strenuo	ous physical exer	tion.
To	be Answered in	the Case of All Male	Employees and Male	Applicants:	
1.		have any defects res	tricting or prohibiting entail the practical us		n in defensive tactics and
	☑No ☐ Yes	If "yes" please spe	ecify defects		
2.	/.	have any defects pro	hibiting safe operatio	n of motor vehicl	es?
3.	least 20/40 in rective glasses	one eye and 20/100 in while operating a mo	n the other, corrected otor vehicle?	or uncorrected.	tant vision must test at Should examinee wear cor-
			GENALOSURL (01-413	141-114

Height	Desirable Weight Range Small Frame	! Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129 7U	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216
I consider his prese Under proper medica	veight table, the examinee's f nt weight Satisfactory	Excessive Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Deficient Defici	•
emarks:		· · · · · · · · · · · · · · · · · · ·	
	U	$\bigcap \int_{a}$	<i>f</i> 0



UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI	DATE:	February 12, 1970
SPECIAL AC	J. Qurchia	ention: Personnel Section
	•	
Dental work was completedVision has been corrected to	on	•
Enclosed physician's stater Enclosed are paid u	patch test urinalysis sero nent indicates he is qualified for stren	uous physical exertion and use of firearms.
Physical examination reportEmployee returned to active	physical examination on thas been reviewed and initialed. e duty ion is from limited duty.	
Remarks: Mildi 146/92. Serial 1 - Bureau 1 - New York	ly elevated diastolic re L readings X3 days - wit	eading 11/25/69 - Chin normal limits.
HAB: mag gENCL	OSURE, MANDLED SEPARATELY	67-NOT LEE (Electron)

56 * PEB : 6 1970

FORM 3-542 (9-14-64) APPROVED COMP. GEN. U.S. 4-5-63 IN LIEU OF SF 1126

FEDERAL BUREAU OF INVESTIGATION

	LAST, FIRST,	MIDDLE			·· ······	SOCIAL S	ECURITY NUMBER
		PURCHIA NICHOL	AS J			0(59-16-6407
			NOTIFICATION	OF BASIC CHANGE			
CODE	NATURE OF	ACTION			EFFECTIVE DATE		DATE OF LAST EQUIV.
	892—QI	JALITY INCREASE	896—ADM	IN. PAY INCREASE		*	
X	893WI	THIN GRADE INCREASE	897—ADM	IN. PAY DECREASE			
	894—P/	Y ADJUSTMENT	OTHER (SF	ECIFY IN REMARKS)	8/24/6	9	8/28/66
GRADI	OR LEVEL	STEP OR RATE	OLD SALARY		NEW SALARY	Y	
G	S-13	STEP 8	\$	18,974.00			\$19,501.00
			DATA ON U	NPAID ABSENCE			
PERIO	D(S)			TOTAL EXCESS		ND OF WAI	TING PERIOD INITIALS
Х	EMPLOY	EE'S WORK IS OF AN ACCEPT.	ABLE LEVEL OF COMPETEN	CE.			V
] EMBLOV	EE'S PERFORMANCE RATING	IS SATISFACTORY OR RETT	Fp			
		CEST EN ONMANCE NATING	1	-11.	ک د		
L			TOTAL !	, edg	an ale	404	~
DEMA	DKG:	MANA					
REMA	RKS: 67	NOT RECO	RDED \				8/21/6 (DATE)

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee:	NICHOLAS J. (PURC	CHIA #069-16-6	5407
Where Assigned:	NEW YORK (Division)	SECURITY (Section, Unit)	
Official Position Title	and Grade: SPECIAL AC	GENT GS-13	
Rating Period: from	APRIL 1, 1969	toMARCH 31,	1970
ADJECTIVE RATING:	EXCELLENT Outstanding, Excellent,	Satisfactory, Unsatisfactory	Employee's Initials
Rated by:	Signature	Supervisor Title Special Agent	3/31/70 Date
Reviewed by:	Signature	In Charge	3/31/70 Date ~~
JOSEPH H. GAMBLE		Assistant Director	APR 16 1970,
Rating Approved by:	V. Signatured have	Title	Date
	TYPE OF R	EPORT	,
•	X Official X Annual	Administrativ 60-Day 90-Day Transfer Separati Special	
3 apr 16 1970 °	93 THREE	13 1970 <u>36</u>	

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL (For use as attachment to Performance Rating Form FD-185)

· · · · · · · · · · · · · · · · · · ·	
Name of EmployeeNICHOLAS J. PURCHIA	
Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.	e
RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.) + Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)	
Excellent (Overall E must be supported by E or + on majority of items, including important elements.)	
	!
(Use INK for Checklist - DO NOT TYPE) CHECKLIST AND NARRATIVE COMMENTS	
1. Personal appearance.	_
2. Personality and effectiveness of his personal contacts. 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work in the cooperative state of the cooperative state.	load)
4. Physical fitness (including health, energy, stamina). COMMENT on limitations on availability, physical limitations affecting performance, and sick leave information. Has employee used more sick leave (including annual leave or LWC for illness) during the rating period than the amount of sick leave earned during such period? (If "yes" expla)P
5. Resourcefulness, ingenuity, and initiative. 6. Forcefulness and aggressiveness as required.	
7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.	
8. Planning of work.	
9. Accuracy and attention to pertinent detail. 10. Productivity including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider	lor
adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.	ici.
11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. 12. Investigative results (rate applicable cases) A. Internal Security; B. Criminal or General Investigative;	
Complexity of investigative matters handled: None Moderate Most complicated. Degree of supervision required: Above average Average Minimum None COMMENT on type of work handled entire rating period and appraisal of overall work performance:	
SA PURCHIA has been assigned cases involving investigation of communist front organizations, especially those involving the Jewish field. (He carefully supervises his own work, meeting all deadlines, and invariably does a superior job. He readily accepts responsibility, is always willing to be of assistance and is most cooperative.) His overall performance is excellent.	-
SA PURCHIA has participated in the Bureau's applicant recruitmen program through contact with friends and neighbors and school and church officials.	t
370.0	
A. Is employee available for general assignment Yes; special assignment Yes; wherever needs of service require? B. Is employee qualified to operate a motor vehicle incidental to his official duties? Yes No If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to u (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.	se.
c. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resin Agent, supervisor, instructor, etc.): Security Security	
ADJECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS	

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

	3. Firearms 4. Development of informants and sources of information. COMMENT on participation in this program.
	SA PURCHIA developed one ghetto informant and one PSI, who had been a Panel Source.
E 10	5. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.) A. Investigative reports; B. Summary reports; C. Memos, letters, wires 6. Performance as a witness. During rating period; Based on past performance; No experience. 7. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents.) A. Leadership F. Devising procedures G. Promoting high morale C. Making decisions H. Getting results D. Assignment of work I. Furthering equal employment opportunity. S. Raids and dangerous assignments; A. As leader; B. As participant Miscellaneous. Specify and rate:
NA 20	Dictation; Applicant recruitment; Other Deficient Instruction: Qualified Participated Audited Foreign Language Ability: Proficient in Management Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Instruction Ins
	A. Conversation form Excellent Very Good Good Fair Unsatisfactory B. Written form Excellent Very Good Good Fair Unsatisfactory Clanguage Clanguage Frequency language ability used during rating period Anticipated use during ensuing year
2:	2. Administrative Advancement: (Check block if not interested.) A. Yes No Agent is completely available for administrative advancement. B. Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance. C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding EXPLAIN if interested but not now qualified.
	3. Number of Incentive Awards O Commendations or received from Director. Suggestions submitted O. 4. Disciplinary Action and Justification for any Unsatisfactory Items. None (List items taken into consideration on Checklist.)

(Checklist and Narrative Comments continued)

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

то

:

DIRECTOR, FBI

DATE:

4/9/70

b6 b7C

FROM

SUBJECT:

Miss.

SAC, NEW YORK

NICHOTAS T DI

NICHOLAS J. (PURCHIA SPECIAL AGENT FOREIGN TRAVEL mail Muis

SA NICHOLAS J. PURCHIA has advised he is contemplating

a European trip starting September 10, 1970, and ending October 8, 1970. He intends visiting France, Spain and Portugal. No Iron Curtain country will be visited by him. He has sufficient accrued annual leave to cover his European trip.

UACB, permission is granted for SA PURCHIA to travel to Europe.

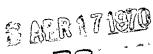
332 9L

REC-143

67-4-13797-116 Numbered 5 APR 14 1970 36

2- Bureau (RM) 1- New York

NJP:ptp (3)



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

OURCH HOME ADDRESS (ST NAME—MIDDLE NAME 1 1	OLAS	£	2. GR/	DE AND COME		1
	Number, street or RFD,	U613 S			IDE AND COMP	ONENT OR POSITION	3. IDENTIFICATION NO.
	Number, street or RFD,	_	JOHN.	F DUE		***	C 2122 27 21111111
. SEX		city or town, L	Sale and ZIP Code)	1	POSE OF EXAM	PHYSICIFL	6. DATE OF EXAMINATION 11 /19/70
	8. RACE	9. TOTAL	YEARS GOVERNMENT SERVIC		ENCY B	11. ORGANIZATION UNIT	- ,
. DATE OF BIRTH	13. PLACE OF BI				/ /	HIP, AND ADDRESS OF NEX	T OF KIN
128/13	NEW	YORK,	HEW YOR	Y		· ·	
. EXAMINING FACI	US Army Dis	ADDRESS P - Ft. 1	Hamilton, NY	16. OT	HER INFORMAT	ion	
. RATING OR SPEC				TIME IN	THIS CAPACIT	Y (Total)	LAST SIX MONTHS
22. EARS—G 23. DRUMS (24. EYES—G 25. OPHTHAI 26. PUPILS 27. OCULAR 28. LUNGS A 29. HEART (30. VASCULA 31. ABDOME	ENERAL (Visual acuity and under items 59, 50 MOSCOPIC (Equality and reaction) MOTILITY (Associated parents, nystaam) ND CHEST (Include brea Thrust, size, rhythm, son R SYSTEM (Varicosities, N AND VISCERA (Include D RECTUM (Hemorrhoids, (Prostate, 3) in NE SYSTEM	refraction and 67) and 67) callel move- us) sts) mds) etc.) hernia)	32) Tarmel	regital Recfal	, Exar	~ Pros	Lefe SQ. En +Soft. nench
35. UPPER E 36. FEET 37LOWER E 38. SPINE, O 39. IDENTIFY 40. SKIN, LY 41. NEUROLI 42. PSYCHIA 43. PELVIC (XTREMITIES (Strength, rai motion) XTREMITIES (Except feet) (Strength, range the continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continu	e of motion) TATTOOS ier item 72) y deviation) w done) RECTAL or below num X—M	ber of upper and lower teeth	, respectively.) (6 X 8)—Fi		REMARKS AND DEFECTS AND	Numbered IAR 1 1971 6 ADDITIONAL DENTAL DISEASES

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020

B. ALBUMIN negative D. MICROSCOPIC

C. SUGAR negative WBC 3-4

47. SEROLOGY (Specify test used and result)

CMF Negative CMF Negative USARM ABOUT A Serology CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative CMF Negative

82

MAR 9 1971

MIX

	Carried March						F	KG.									
	*			M	EASURI	EMENTS	AND	OTHER	FINDII	NGS				\overline{Z}			-
51. HEIGHT 5'8"	52. WEIGHT	53. cc	olor Hai Br. L	R	54. CO	LOR EYES	~_	55. BUILT		SLENDER	ME	MUID	HEAVY	OBES	E 56.	TEMPER	ATURE
57. BL	OOD PRESSURE (Arm	at heart le	evel)		<u> </u>	58.				P	ULSE (4rm at	heart level)		 -		
A. SYS DIAS	B, SYS.	-/-	C. STANDI (3 min	NG -	AS. 10	' .	TING	_	3. AFTEI	R EXERCISE	E C. 2	MIN. AF	TER D.	RECUMB	ENT E. A	FTER ST MIN.	ANDING
i9. DI	STANT VISION	•	60.			REFRACTI	ION				61.			NEAR VI	SION	43/2 ₃	
RIGHT 20/ / \$	CORR. TO 20/	5	BY		1 * /. s.			c	×		موت	1	CORR. TO	Sol		BY ,	2/2
EFT 20/ / 🗧	CORR, TO 20/	/	ВУ	1	188	ひを	,	С	x			140	CORR. TO	/-	بط	BY 7	102
2. HETEROPHORIA (S	pecify distance)	R. H	l .	. 1	L., H.	:	PRISM	I DIV.			M CONV	2		PC	ę	PD	
53. ACC	OMMODATION		64. COL	OR VISI	ON (Test	t used for	resul	r)			EPTH PE Test use			UNCC	RRECTED)	
RIGHT	LEFT		`	1	ممن	ug.	41	_لر							RECTED		
66. FIELD OF VISION			67. NIG	HT VISIO	ON (Test	used and	score)			68. RE	ED LENS	TEST		69. II	NTRAOCUI	AR TENS	SION.
О. HE	ARING		71.			Al	MOIDU	ETER					SYCHOLOGI Tests used o			OTOR	
RIGHT WV	/15 SV	/15 ,		250 256	500 512,	1000	2000 2048	3000	4000 4096	6000 6144	8000 8192) `	,	ina score	•)		
LEFT WV	/15 SV	/15	RIGHT	V	3	10	0		3		10/		A	-			
NOTES (Continue)	i) AND SIGNIFICANT OR	INTEDVA	LEFT	<u>/</u>	0	13		_/_	15	K /	<u> </u>	- 8.					
	•								Ž.								
	FECTS AND DIAGNOSES	(List dia	gnoses w	ith item		e additiono rs)	al shee	its if neces	sary)			,					
Hy pe	erdenscon.	<u> </u>			number	rs)	al shee	ets if neces	sary)			76.	Α	PHYSIC	AL PROFIL		
Hy pse 75. recommendation	NS-FURTHER SPECIALI	ST EXAM	INATIONS	· INDICA	number	ecify)						76.	A	. PHYSIC.	AL PROFIL	Е	s
Hy pe	NS-FURTHER SPECIALI	ST EXAM	INATIONS	· INDICA	number	rs)		ets if neces				<u> </u>					S
75. RECOMMENDATION 77. EXAMINEE (Check A. ☑ IS QUALIFIED FO	NS-FURTHER SPECIALI EVALUA OR	ST EXAM	INATIONS	indica	TED (Spe	ecify) vrate						<u> </u>	U		Н	Е	S
75. RECOMMENDATION 77. EXAMINED TO RECEIVE TO SEE THE PROPERTY OF PARTY OF	NS-FURTHER SPECIALI EVALUA OR UALIFIED FOR RE	st exam	ion:	indica 7 O	number	ecify) vrate						P	U B.	L	H CATEGO	Е	
75. RECOMMENDATION 77. EXAMINED TO B. IS QUALIFIED FOR B. IS NOT QUALIFIED FOR B.	NS-FURTHER SPECIALI EVALUA OR	st exam	ion:	indica 7 O	number	ecify) vrate						P	U	L	Н	Е	S
75. RECOMMENDATION 77. EXAMINES (Check A. S QUALIFIED FO B. S NOT QUALIFIED 78. IF NOT QUALIFIED	NS-FURTHER SPECIALI EVALUA OR UALIFIED FOR RE	st exam	ion:	indica 7 O	number	ecify) vrate		M-D		E /	7	P	U B.	L	H CATEGO	Е	
75. RECOMMENDATION 77. EXAMINEE (Check A. ☐ IS QUALIFIED FOR 78. IF NOT QUALIFIED 79. TYPED OR PRINTE! BARBARA	FURTHER SPECIALI EVALUA OR UALIFIED FOR RE LIST DISQUALIFYING D NAME OF PHYSICIAN WIRTH, MAJ	ST EXAM Let ent DEFECTS	ion:	indica 7 O	number	ecify) vrate		M-∆	SNATUR	LS:	21.	P	U B.	L	H CATEGO	Е	
75. RECOMMENDATION 77. EXAMINES (Check A. IS QUALIFIED FOR 78. IF NOT QUALIFIED 79. TYPED OR PRINTE! BARBARA	FURTHER SPECIALI ESTABLICA OR UALIFIED FOR RE LIST DISQUALIFYING	ST EXAM Let ent DEFECTS	ion:	indica 7 O	number	ecify) vrate		M-∆	<u>;</u>	LS:	Jan	P	U B.	L	H CATEGO	Е	
75. RECOMMENDATION 77. EXAMINES Check A. S QUALIFIED FOR B. S NOT QUALIFIED 78. IF NOT QUALIFIED 79. TYPED OR PRINTE BARBARA 80. TYPED OR PRINTE	FURTHER SPECIALI EVALUA OR UALIFIED FOR RE LIST DISQUALIFYING D NAME OF PHYSICIAN WIRTH, MAJ	st exam Let ent DEFECTS	ion :	indica TO in to NUMBE	he F	ecify) vrate		M-D	SNATUR	LS:) Jan	P	U B.	L	H CATEGO	Е	
75. RECOMMENDATION 77. EXAMINER Check A. S QUALIFIED FOR SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTIO	N9-FURTHER SPECIALI ESTALLA OR UALIFIED FOR Re LIST DISQUALIFYING D NAME OF PHYSICIAN WTRTH, MAJ D NAME OF PHYSICIAN	ST EXAM St ent DEFECTS MC	ion : BY ITEM	indica TO in to NUMBE	he F	ecify) vrate		M-D	SNATUR	LS:		P	U B.	L	H CATEGO	Е	
75. RECOMMENDATION 77. EXAMINEE (Check A. IS QUALIFIED FOR 78. IF NOT QUALIFIED 79. TYPED OR PRINTE BARBARA 80. TYPED OR PRINTE JULIUS E.	D NAME OF DENTIST OF KUNAFSKY, D NAME OF REVIEWING	ST EXAMI	ion : BY ITEM IAN (India)	in t	number	ecify) vate		M-D	SNATUR	LS:		P	U B.	L	CATEGO C	Е	E AT-

January 8, 1971

Mr. Nicholas Purchia had been treated in this office for hypertension which is now normal and is fit to resume his regular duties.

Robert E. Fortone md.

ROBERT E. PONTONE, M.D.

<u></u>		
<i></i> ያው⊸ያው	(Par.	3-27-69)
D-000	1700 44	0-21-091

A STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE

AGE	IN	YEARS:	57
12 C 13	7 14	*******	

SECTION:				
	OE/	Tm	ΔM	•

	PURCHIA		CHOLAS	JOHN
(Type or print) The following portions	Las of the attached exami		rirst	Middle
	or the attached exami	mation report for	in need not be com	precea.
3	9	62	69	•
4	11	65	72	
. 8	. 14	67	76	
	17	68	к	
•		, ,		,
any other applican	uired for all Special Aget unless the examining ssary. 45, 46 and 47 a	physician deem	s one, two, three	or all four of the
8. Not required unles	ss examinee is over 35	years of age or	examination indic	ates such is desirable.
and Special Agent	nations should be afforts. Applicants for the decibel average in eit	Special Agent po	sition will not be	accepted if the hearing
For All Examinees, Wi	nether Clerical or Spec	ial Agent Applic	ants or Employees	· 5:
,			•	
The medical examiner	should answer the foll	owing question:		•
	should answer the foll		ous physical exert	
Examinee		lified for strenue		
Examinee To be Answered in the 1. Does examinee hav	Is is not qua	lified for strenuc lioyees and Male	Applicants: this participation	
Examinee To be Answered in the 1. Does examinee hav dangerous assignment	is not qua	lified for strenuc lioyees and Male ng or prohibiting I the practical u	Applicants: this participation	ion.
Examinee To be Answered in the 1. Does examinee hav dangerous assignment of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	is not qual to Case of All Male Empre any defects restriction ents which might entain f "yes" please specify any defects prohibit	lified for strenuce lifects	Applicants: This participation se of firearms?	ion. in defensive tactics and
Examinee To be Answered in the 1. Does examinee hav dangerous assignment of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	is not qual to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	lified for strenuce lifects	Applicants: This participation se of firearms?	ion. in defensive tactics and

	WELL DESTRABLE WE	eight Kanges tor wates to the Div.	
Height	F Small Frame	Medium Frame	Large Frame
5'4"	MAR 3 4 25 H 124	MAR 3 - 435 PH 1971	131 - 148
5' 5"	MAR 3 423 120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4.	Examinee's frame is small medium large
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
6.	Under proper medical supervision, employee should losepounds
	gainpounds
Re	marks:
	,

Saubarall irth
Signature of Medical Examiner

19 nov 20

Date

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employe	e: <u>NICHOLAS J. PURCH</u>	IIA #069-16-6	6407
Where Assign Official Posi	ed: NEW YORK (Division) tion Title and Grade: SPECIAL AG	SECURITY (Section, Unit) ENT GS-13	
Rating Period:	fromAPRIL 1, 1970	toMARCH 31	, 1971
ADJECTIVE RA	TING: EXCELLENT Outstanding, Excellent,	Satisfactory, Unsatisfactory	Employee's Initials
Rated by: Reviewed by: J. WALLACE Rating Approved	Signature Signature Signature by: Signature	Supervisor Title Special Agent In Charge Title Assistant Director A	3/31/71 Date 3/31/71 Date PR 23 1971
TYPE OF REP	Administrative GO-Day 90-Day Transfer Separation from Ser	vice 67-47379	7-1/8 16 1971

b6 b7C





PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS (For use as attachment to Performance Rating Form FD-185)

Name	of EmployeeNICHOLAS J. PURCHIA
Note:	Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.
,	RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)
	Outstanding (To warrant overall +, all rated elements must be+, and justified in writing.) Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
	Satisfactory
_	Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
0	No opportunity to appraise. In other responses, use "X."
(Use	INK for Checklist - DO NOT TYPE) RESPOND TO EVERY ITEM
+	1. Personal appearance.
7	
	4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? Yes No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? Yes No. If answer to either is yes, explain.
•	
	5. Resourcefulness, ingenuity, and initiative.
	6. Forcefulness and aggressiveness as required. 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
	2 8. Planning of work.
	9. Accuracy and attention to pertinent detail.
	10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
	11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
_+	12. Performence results (rate if applicable and mark others O) The A. Internal Security; B. Criminal or General Investigative; Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:
	SA PURCHIA is assigned to Squad #44 which handles investigation of the Communist Party. His assignments are mainly front group organizations in the Jewish field. (SA PURCHIA is a dependable conscientious Agent, who carefully supervises his own work and invariably does a superior job. He readily accepts responsibility is always willing to be of assistance, and is most cooperative. His overall performance is excellent.
	He has participated in the Bureau's applicant recruitment program.
	Complexity of matters handled: None Moderate Most complicated
A. I	Degree of supervision required:, Above average Average Minimum None s employee available wherever needs of service require for general assignment? Yes No Special assignment? Yes No
B. I	s employee qualified to operate a motor vehicle incidental to his official duties? Yes No fanswer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
	specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident squad, instructor, etc.): Security
ADJI	ECTIVE RATING:EXCELLENTEMPLOYEE'S INITIALS
	10

(Checklist	and Narrative Comments continued)
E	Firearms.
	Development of informants and sources of information. Comment on weaknesses or justify limited participation.
	• •
	During rating period developed
	SA PURCHIA understands the importance of informant development.
<u></u>	Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.) A. Reports; B. Memos, letters, wires. Performance as a witness. During rating period; Based on past performance; No experience.
	Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline
	applicable.)
	A. Leadership B. Ability to handle personnel G. Promoting high morale
	G. Flomoting high morate G. Flomoting high morate G. Flomoting high morate
	D. Assignment of workI. Furthering equal employment opportunity
_	E. Training subordinates
<u></u>	Raids and dangerous assignments; A. As leader; E. B. As participant.
	Miscellaneous. Specify and rate:
12	Dictation; Applicant recruitment; Other
_NA 20.	Police Instruction: Qualified Participated Audited
21.	Foreign Language Ability: Proficient in
	Can handle typical investigative problems as follows:
	A. Conversation form Excellent Very Good Good Fair Unsatisfactory
	B. Written form Excellent Very Good Good Fair Unsatisfactory
	Frequencylanguage ability used during rating period
	Anticipated use during ensuing year
22.	Administrative Advancement: (Check block if not interested.) A. Yes No Agent is completely available for administrative advancement. B. Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality
	and appearance.
	C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding Explain if interested but not now qualified.
	•
23.	Number of Incentive Awards
	Commendations received from Director: Individual Through Superior
	Suggestions_submitted
24.	If none, check block . Disciplinary Action and Justification for any Unsatisfactory Items. None

5010-106

UNITED STATES GOVERNMENT

Memorandum

то	Director, FBI		DATE:	2/23/71
FROM SUBJEC	CT:	NEW YORK NICHOLAS J. PURC PHYSICAL EXAMINA	HIA	Personnel Section
	_	SPECIAL AGENT		
	Dental work was completed Vision has been corrected by (date) only when wearing the nell Results of chest X ray Enclosed physician's stated Enclosed are paid	cessary glasses. y patch test urinal tement indicates he is qual	g instruction) ysis serology w ified for strenuous p	physical exertion and use of firearms.
	Employee is scheduled fo Physical examination rep Employee returned to act	or physical examination on or has been reviewed and even duty	nitialed.	
, đị by	icated at present Blood Dr. ROBERT PON Ension. Blood prical exertion and	;. pressure 11/19/7 PONE. Dr. advise	0, 174/102. s SA is unde SA is quali	ar) no treatment in- Blood pressure evaluation r his care for hyper- fied for strenuous phy-
	- Bureau - New York AB:gt 2)	CJ NAR 9197	71	67-NOT RECORDED-9

FD-431 (Rev. 5-12-1)
OPTIONAL FORM NO. 10
MAY 1962 EDITION
CSA FFME (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

Director, FBI SAC, NEW YORK SA NICHOLAS J. PURCHIA AUTHORITY FOR USE OF PERSONALLY OWNED SIDE ARM Captioned Agent has x requested authority for use of ☐ disposed of personally owned side arm described below: REQUESTED Make Smith & Wesson 38 Police Special Model Caliber .38 211 Length of Barrel Serial No. 340696 Weapon inspected by SA R. O. JOHNSON (name) I recommend this request be approved. If approved, the information set out above will be posted in Field Duplicate Property Record. Bureau 1 - (Field Office Personnel File) (3)AUG 2 1971 LEROX COPI

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

5010-100

December 9, 1971

PERSONAT.

Mr. Nicholas J. Rurchia Federal Bureau of Investigation New York, New York

Dear Mr. Purchia:

It is indeed a pleasure to have this opportunity to extend to you my sincere congratulations and present to you the FBI Twenty-five-Year Service Award Key on the occasion of your anniversary with the Bureau.

The fact that men of your capacity and loyalty are dedicating their most valuable years to this Bureau is a major factor in our success as a law enforcement agency. Your con-3 1971 tributions have played a substantial part in our increasing prestige and your untiring efforts have lightened the burden of our growing responsibilities. These years have been notable in the history of our Nation and our organization and you should take great pride in your share in our accomplishments.

I hope that this Key will, in days to come, recall many pleasant memories of your Eureau career.

With best wishes and kindest regards. Mr. Tolson Mr. Felt_ Mr. Rosen Sincerely. MAILED 7 Mr. Mohr J. Edgar Hoover Mr. Bishop DEC - 2 1971 Mr. Miller, E.S. Mr. Callahan FBI Mr. Casper Mr. Conrad Enclosure Mr. Dalbey 1 - SAC, New York (Personal Attention) Mr. Cleveland LDH:bla Mr. Ponder. Mr. Bates (4)67-413797

Mr. Tavel Mr. Walters Mr. Soyars

MAIL ROOM TELETYPE UNIT

NITEL

PLAINTEXT

TELETYPE

12-8-71 TO SAC, NEW YORK PLEASE DELIVER THE FOLLOWING MESSAGE TO ADDRESSEE ON DECEMBER 9, 1971

MR. NICHOLAS J. PURCHIA FEDERAL BUREAU OF INVESTIGATION NEW YORK, NEW YORK

PLEASE ACCEPT MY BEST WISHES AND CONGRATULATIONS ON YOUR TWENTY-FIFTH ANNIVERSARY WITH THE FBI. MAY I EXPRESS MY DEEP GRATITUDE FOR THE INTEREST AND ENTHUSIASM YOU HAVE DISPLAYED THROUGHOUT THESE YEARS AND FOR YOUR UNSWERVING DEVOTION TO THE IDEALS FOR WHICH THE BUREAU STANDS

JOHN EDGAR HOOVER

67-413797

·			•
Mr. Tolson			
Mr. Felt	1		
Mr. Rosen		₹ ` -	
Mr. Mohr		~	
Mr. Bishop			
Mr. Miller, E.S.			
Mr. Callahan			
Mr. Casper			
Mr. Conrad			•
Mr. Dalbey			
Mr. Cleveland			
Mr. Ponder		+	
Mr. Bates			
Mr. Tavel	Y	- INIT	IALEO "
Mr. Walters)	THE PERSON AND ADD	
Wit. Waiters		\$73645 En \$ 63	n's offici

DEC 8_19 FEDERAL BUREAU OF INVESTIGATION COMMUNICATIONS SECTION

DIRECTOR'S OFFICE

Tele.Room

Miss Holmes . Miss Gandy 148

Mr. Soyars _

MAIL ROOM TELETYPE UNIT

CONTRACT SPANSES AND ADDRESS OF THE PORT OF MEDICAL EXAMINATION Contract Manager Spanses And Complexity of Medical Engagement of Pointson St. (1907) ADDRESS OF THE PORT OF MEDICAL EXAMINATION Contract Manager Spanses And Address of Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses Spanses S	Revised	rd Form April 1968 Services A		tion		• • •	, o			\$. ?	71 53	6
CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CON	- Interag	gncy_Comn 101~11.809	con Medi 23	ical Records	CUREP	ORT OF M	REDICAL	EXAMIN	TOITAL	T ·	,	~
7. SEX S. RACE S. TOTAL YEARS GOVERNMENT SERVICE TH. ORGANIZATION UNIT	NU	ST NAME-F	IRST NAM	E-MIDDLE, NAME	• ,			2. GRADE ANI	D COMPONE	NT OR POSITION	3. IDENTIFICATION	NO.
7. SEX S. RACE S. TOTAL YEARS GOVERNMENT SERVICE TH. ORGANIZATION UNIT	.似步	PURC	CHI	A. NIC	HOLF	15 10	HN		1	H		
7. SEX 8. RACK 9. TOTAL YEARS COVERNMENT SERVICE M. ASERCE	/ 4 HC	ME ADDRESS	(Number	estect of R FD, cit	y or town, St	ate and ZIP Code)	3	5. PURPOSE C	F EXAMINA	TION	6. DATE OF EXAMI	NATION
7. SIX B. BASE S. TOTAL TEAMS GOVERNMENT SERVICE C. ASSECTION OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLACE OF BIRTH D. PLAC	ţ							ANN	UAL		1.1.1	
TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN TRUMAN T	1.64	* C 8 5 4	, 		· · · · · · · · · · · · · · · · · · ·			PHY	SICA	1		72
15. EMANING FRACILITY ON EXAMINER, AND ADDRESS OF NEXT OF MIN 15. EMANING OR SPECIALTY 17. RATING OR SPECIALTY 17. RATING OR SPECIALTY 18. THE REPORT OF EXAMINER PRODUCTION AND ADDRESS OF NEXT OF MIN 18. THE REPORT OF THE REPORT OF THE REPORT OF MIN IN THIS CAPACITY (Two) 19. THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF	7. SE	×	8. RACE					10: AGENCY	,	II. ORGANIZATION UNI	т	
S. EMANNING PRICITY ON EXAMINER, AND ADDRESS U. S. PUBLIC HERITI FREITLY 15. EMANNING PRICITY ON EXAMINER, AND ADDRESS U. S. PUBLIC HERITI FREITLY 17. RATING OR SPECIALTY 17. RATING OR SPECIALTY 18. OF SPECIALTY 18. OF SPECIAL STATE 18. O	17/17	125	<u> </u>		<u> </u>	CIVILIA	N	FBI				
TI. EXAMINING PACILITY OR EXAMINER, AND ACCRESS \$\begin{align*} 245 VI. BRUSTON S.L. V. V. V. V. TIME IN THIS CAPACITY (Twist) 17. RATING OR SPECIALTY 17. RATING OR SPECIALTY 18. HEAR, FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRA	12. 0/	ATE OF BIRTI	1 .	13. PLACE OF BIRT	н			14. NAME, RE	LATIONSHIP.	AND ADDRESS OF NEX	CT OF KIN	
TI. EXAMINING PACILITY OR EXAMINER, AND ACCRESS \$\begin{align*} 245 VI. BRUSTON S.L. V. V. V. V. TIME IN THIS CAPACITY (Twist) 17. RATING OR SPECIALTY 17. RATING OR SPECIALTY 18. HEAR, FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRACE RECEASED 18. HEAR FRA	8	1281	12	NEWYO	ORK,	HEW YE	RK					
77. RATING OR SPECIALTY TIME IN THIS CAPACITY (Total) LIGHT SIX HONTHS CLINICAL EVALUATION NOTE: Concerning and a perspecial colinity of the control of the comment. Continue in item 73 and use additional absets 7 necessary. 18. 18. 19. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	_	. ,	- 1	*	-			16 OTHER IN	FORMATION			
CLINICAL EVALUATION CLINICAL EVALUATION COMMERCACE, TARGET, in appropriate col. ARMON COmment. Continue in item 73 and use additional sheets if necessary. X 19. NOTES. (Describe every abnormality in detail. Enter partinent item number before each comment. Continue in item 73 and use additional sheets if necessary.) X 19. NOTES. X	10. 27			CARMINEIL, AND A				10. OTHER IN	1 OKIMATION			
CLINICAL EVALUATION NOTES. (Cheeck each item; in appropriate col. ABNOR. V. 16. Med.) Tel. (Cheeck each item; in appropriate col. ABNOR. V. 17. Med.) Tel. (Cheeck each item; in appropriate col. ABNOR. V. 18. Med.) Tel. (Cheeck each item; in appropriate col. ABNOR. V. 18. Med.) Tel. (Cheeck each item; in seven additional sheet if necessary.) X 19. MOSE X 20. SMUSS X 21. MOUTH AND THROAT X 22. EARS—GENERAL (Virual scaling and refuellar v. 2. ABNOR. V. 22. EARS—GENERAL (Virual scaling and refuellar v. 2. ABNOR. V. 22. EARS—GENERAL (Virual scaling and refuellar v. 22. EARS—GENERAL (Virual scaling and refuellar v. 22. EARS—GENERAL (Virual scaling and refuellar v. 23. LOURA MOTHLY Virual scaling and restinal) X 22. OCULAR MOTHLY Virual scaling and restinal v. 23. LOURA MOTHLY Virual scaling and restinal v. 23. LOURA MOTHLY Virual scaling and restinal v. 23. LOURA MOTHLY Virual scaling and restinal v. 23. LOURA MOTHLY Virual scaling and restinal v. 23. LOURA MOTHLY Virual scaling and restinal v. 23. LOURA MOTHLY Virual scaling and restinal v. 23. LOURA MOTHLY Virual scaling and restinal v. 23. LOURA MOTHLY VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL VIRUAL	17. R/	TING OR SPI	CIALTY		230 II	a monoton orea n		TIME IN THIS	CAPACITY (Total)	LAST SIX MONTHS	
SOMMERAL Continue in item 73 and use additional sheets if necessary.) Sommeral Continue in item 73 and use additional sheets if necessary.)										,	1	
SOMMERAL Continue in item 73 and use additional sheets if necessary.) Sommeral Continue in item 73 and use additional sheets if necessary.)			HINICAL	EVALUATION		NOTES. (I	Describe every	abnormality	in detail	. Enter pertinent	item number bei	fore each
S. HEAD, FACE, NECK, AND SCALP S. 19, NOSE S. 20, SHUUSES S. 20, SHUUSES S. 20, SHUUSES S. 21, MOUTH AND TISROAT S. 22, EARS—GENERAL ("Int. & est. senably (Auditory where leaves 30, 60 and 71) S. 23, DRIVES (Perforation) S. 24, EYES—GENERAL ("Fairle devices 30, 60 and 71) X. 25, OPHTHALMOSCOPIC S. 25, OPHTHALMOSCOPIC S. 26, OPHTHALMOSCOPIC S. 27, OCULAR MOUTHLY (Ausseinest parallel masses 22, LONGS AND CHEST (Include breasts) S. 28, LONGS AND CHEST (Include breasts)	NOR-				e col- ABN	OR-	omment. Co	ntinue in ite	m 73 and	use additional she	ets if necessary.)	
19. NOSE X 20. SINUESS X 21. MOUTH AND THROAT X 22. EARN—GENERAL (File, & extcond.) (Auditory X 22. EARN—GENERAL (File, & extcond.) (Auditory X 22. DRUMS (Perforation) X 22. CRUMS (Perforation) X 22. ORUMS (Perforation) X 23. ORUMS (Perforation) X 24. EVES—GENERAL (File & extcond.) (Auditory X 25. OPHTHALMOSCOPIC X 25. OPHTHALMOSCOPIC X 25. OPHTHALMOSCOPIC X 25. OPHTHALMOSCOPIC X 26. PUPIL (Equality and receiling) X 27. OCULAR MOTHLY (American general) Masses X 24. LUNGS AND CHEST (Include threath) X 23. DRUMS (Perforation) X 23. DRUMS (Perforation) X 24. LUNGS AND CHEST (Include threath) X 23. DRUMS (Perforation) X 24. DRUMS (Perforation) X 24. DRUMS (Perforation) X 25. OPHTHALMOSCOPIC X 25. DRUMS (Perforation) X 25. DRUM		1			itea.) M	<u> </u>						
22. SINUSES X 21. MOUTH AND THROAT X 22. EARS—GENERAL (Fail, & etc., consist) (Auditory) X 22. DRUNG (Pripartion) 23. EVES—GENERAL (Minus etc.) and repetition (X 2) X 25. DRUNG (Pripartion) X 27. DOLLAR MOTHET (Pripartion) X 28. PUPILS (Equality and receiving) X 29. HEART (Thrink), (ibc.) Pripartion (Ministry) X 20. STAND AND CHEST (Include breast) X 21. ANDONEN AND VISCERA (Include breast) X 22. HEART (Thrink), (ibc.) Pripartion (Ministry) X 30. VASCULAR SYSTEM (Visionities, dec.) X 31. ANDONEN AND VISCERA (Include breast) X 32. ANUS AND RECTON (Include breast) X 33. TENDOCRINE (System vision) X 34. DENTIFY (Ministry) X 31. DENTIFY (MINISTRY) X 31. DENTIFY (MINISTRY) X 32. ANUS AND RECTON (Include breast) X 33. TENDOCRINE (System vision) X 34. DENTIFY (MINISTRY) X 35. UNDER EXTRACTION (Continue in interm.) X 34. DENTIFY (MINISTRY) X 31. DENTIFY (MINISTRY) X 41. NEUROLOGIC (Equilibrium inter under item 72) X 42. PSYCHATRIC (System and personality dentation) 43. PELVIC (Fender only) (Check how done) 1 2 3 3 30 crech 1 2 3 3 30 crech 1 3 3 3 Missing 1 2 3 4 5 6 7 8 9 10 11 12 3 11 15 16 E E 44. DENTIFY (MINUSCH) REMARKS AND ADDITIONAL DENTIFY NSA 45. UNINALYSIS: A. SPECIFIC GRAVITY 1.025 D. MICROSCOPIC		19. NOSE										
X 21. MOUTH AND THROAT X 22. DRUMS (Feriprotal clients to and 51) X 22. DRUMS (Feriprotal clients to and 51) X 23. DRUMS (Feriprotal clients 10 and 51) X 25. OPHTHALMOSCOPIC X 25. OPHTHALMOSCOPIC X 27. COULAR MOTHLITY (Associated position mere X 28. LUNGS AND CHEST (Include breasts) X 20. LUNGS AND CHEST (Include breasts) X 21. DRUMS (Periprotal clients and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco		20. SINUSE	s									
22. EARS—GENERAL (First, & est. condit) (Auditory under tiens 7) and 7) 23. DRUMS (Perforation) 24. EYES—GENERAL (Virus) acuity and rejusation 25. OPHTHALMOSCOPIC 26. PUPILS (Equality and resolution) 27. OLULAR MOTILITY (Associated, possible) 28. LUNGS AND CHEST (Include breasts) 29. LUNGS AND CHEST (Include breasts) 20. LUNGS AND CHEST (Include breasts) 20. LUNGS AND CHEST (Include breasts) 21. AUGUSTA (Private, 1814) (Papith in Strings) 22. AUGUSTA (Private, 1814) (Papith in Strings) 23. ANUS AND RECTOM (Include breasts) 24. REAR (Thrist, 1814) (Papith in Strings) 25. Thrist, 1814 (Papith in Strings) 26. LUNGS AND CHEST (Include breasts) 27. LOWER EXTREMITIES (Except first) 28. Thrist, 1814 (Papith in Strings) 29. Thrist, 1814 (Papith in Strings) 20. LUNGS AND CHEST (Papith in Strings) 20. LUNGS AND CHEST (Papith in Strings) 20. LUNGS AND CHEST (Papith in Strings) 21. ANUS AND RECTOM (Include breasts) 22. ANUS AND RECTOM (Include breasts) 23. THRIST (Papith in Strings) 24. STREET (Papith in Strings) 25. Thrist (Papith in Strings) 26. STREET (Papith in Strings) 27. LOWER EXTREMITIES (Except first) 28. Thrist (Papith in Strings) 29. APPR 4 1372 29. APPR 4 1372 20. Thrist (Papith in Strings) 20. AUGUSTAL (Place appropriate symbol), shown in example, adoption by mumbers of upper and lower teeth.) 27. AUGUSTAL (Place appropriate symbol), shown in example, adoption by mumbers of upper and lower teeth.) 29. APPR 4 1372 30. DEBTANCS AND OBERASS NSA 40. DENTAL (Place appropriate symbol), shown in example, adoption by mumbers of upper and lower teeth.) 27. Thrist (Papith in Strings) 28. AUGUSTAL (Place appropriate symbol), shown in example, adoption by mumbers of upper and lower teeth.) 29. AUGUSTAL (Place appropriate symbol), shown in example, adoption by mumbers of upper and lower teeth.) 29. AUGUSTAL (Place appropriate symbol), shown in example, adoption by mumbers of upper and lower teeth.) 29. AUGUSTAL (Place appropriate symbol), shown in example, adoption by mumbers of u		21. MOUTH	AND TH	ROAT								
23. DRUMS (Perforation) 24. EYES—GENERAL wader utera do, 20 and 27) 25. OPHTHAL MOSCOPIC 26. PUPILS (Equality and reaction) 27. OCULAR MOTILITY (Intendibute parallal more) 28. UMGS AND GEST (Include breath) 29. HEART (Tarist, Sire, Fhythm; 160inds) 29. HEART (Tarist, Sire, Fhythm; 160inds) 21. SUMS AND GEST (Include breath) 22. ANUS AND GEST (Include breath) 23. ANUS AND RECTURE (Windowshills, delder) 23. ANUS AND RECTURE (Windowshills, delder) 23. TROOCEME VOTER (Vindowshills, delder) 23. TROOCEME VOTER (Vindowshills, delder) 23. TROOCEME VOTER (Windowshills, delder) 24. EYES—GENERAL (Editor of the windowshills) 25. TROOCEME VOTER (Vindowshills, delder) 26. TROOCEME VOTER (Vindowshills, delder) 27. ST. TROOCEME VOTER (Windowshills, delder) 28. ST. TROOCEME VOTER (Windowshills, delder) 29. ANUS AND RECTURE (Windowshills, delder) 20. ST. TROOCEME VOTER (Windowshills, delder) 20. ST. TROOCEME VOTER (Windowshills, delder) 20. ST. TROOCEME VOTER (Windowshills, delder) 20. ST. TROOCEME VOTER (Windowshills, delder) 20. ST. TROOCEME VOTER (Windowshills, delder) 20. ST. TROOCEME VOTER (Windowshills, delder) 20. ST. TROOCEME VOTER (Windowshills, delder) 21. ST. TROOCEME VOTER (Windowshills, delder) 22. ST. TROOCEME VOTER (Windowshills, delder) 23. ST. TROOCEME VOTER (Windowshills, delder) 24. ST. TROOCEME VOTER (Windowshills, delder) 25. ST. TROOCEME VOTER (Windowshills, delder) 26. ST. TROOCEME VOTER (Windowshills, delder) 27. ST. TROOCEME VOTER (Windowshills, delder) 28. ST. TROOCEME VOTER (Windowshills, delder) 29. AND RECTURE VOTER (Windowshills, delder) 20. ST. TROOCEME VOTER (Windowshills, delder) 20. ST. TROOCEME VOTER (Windowshills, delder) 20. ST. TROOCEME VOTER (Windowshills, delder) 28. ST. TROOCEME VOTER (Windowshills, delder) 29. AND RECTURE VOTER (Windowshills, delder) 20. ST. TROOCEME VOTER (Windowshills, delder) 20. ST. TROOCEME VOTER		22. EARS-	GENERAL	(Int. & ext. canals)	(Auditory	_						
24. EVES—GENERAL (Visual scalety and ethnesion) X 25. OPHTHALMOSCOPIC X 26. PURIS (Equality and reaction) X 27. Ocular motility (Associated parallel more) X 28. LUNGS AND CHEST (Include breasts) X 29. MEART (Thrust, site, Physhin, rollinds) X 30. ASSOCIAR SYSTEM (Validating deficition) X 31. ABDOMEN AND CHEST (Include breasts) X 32. ANUS AND RECTOR (Include breasts) X 33. THOORGENIE System X 33. THOORGENIE System X 35. THOORGENIE System X 35. THOORGENIE System X 36. SPINE, OTHER MUSCULOSKICITAL 39. DENTFINE BODY MARKS. SCARS, TATTOOS X X 40. SKIN, LYMPHATICS X 41. NEURPLOGIC (Geneliterium insist under item 72) X 42. PSYCHIATRIC (Syncify any personality desinting) 43. PELVIC (Females only) (Check how done) VAGINAL RECTAL 44. DENTAL (Place appropriate symbols, thoore on in examples, above, or below numbers of upper and lower tech.) 1					Jana 111		,					
25. OPHTHALMOSCOPIC X 26. PUPILS (Equality and reaction) X 27. OCULAR MOTILITY (Associated parallel moses X 28. LUNGS AND CHEST (Include broats) X 29. HEART (Thrius, sizel hybrid), iobidial) X 30. VASCULAR SYSTEM (Viriebilitie, del.) X 31. ABOOMEN AND VISCERA (Include Brains) X 32. ANUS AND RECTOM (Interpretate in Independent) X 33. THOOCRINE (SYSTEM) X 35. UPPER EXTREMITIES (Streption) motion) X 36. SPIC OTHER MOSCOPIC (Security and person) X 37. LOWER EXTREMITIES (Streption) motion) X 38. SPIC OTHER MOSCOLUGASKEETAL X 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS X X 40. SKIN, LYMPHATICS X 41. PSYCHIATRIC (Specify any personality deviation) 43. PELVIC (Females only) (Check how done) VARIABLE (Specify any personality deviation) VARIABLE (Specify any personality deviat	· _ -	24. EYES-	GENERAL	(Visual acuity and r	refraction	MEADS	ol necon	for ro	ndin'a			
28. EUNIS AND CHEST (Include Protect) 29. HEART (Thrust, Niel Thylum, 100 High) 29. HEART (Thrust, Niel Thylum, 100 High) 20. VASCULAR SYSTEM (Viried Stites, dd.) 30. VASCULAR SYSTEM (Viried Stites, dd.) 31. ABOOMER'AND VISCÉRA (Include Prieria) 22. ANUS AND RECTOM (Include Prieria) 33. TROOCRINE SYSTEM 33. TROOCRINE SYSTEM 33. TROOCRINE SYSTEM 34. Out System 35. UPPER EXTREMITIES (Strength Include of Strength I		25. ОРНТН			412	WEAKS	grasses	101	auring			}
22. COULAR MOTILITY (Associated parallel mose ments, nationals) 28. LUNGS AND CHEST (Include breasts) 29. HEART (Thrust, 3tip, Thythan, 30tinday) 30. VASCULÁR SYSTÉM (Varichuttes, de.) 31. ABDOMENÍAND VISCÉRA (Include Breasts) 32. ANUS AND RECTOM (Include Breasts) 33. CHOOCHINE SYSTÉM (Varichuttes, de.) 34. G-U SYSTÉM 35. UPBER EXTREMITIES (Energian and System) 36. Teet System 37. LOWER EXTREMITIES (Energian motion) 38. SPINE, OTHER MUSCULOSKEETAL 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS X 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium instat under item 72) 41. NEUROLOGIC (Equilibrium instat under item 72) 41. DENTAL (Place appropriate symbols, shown in examples, above, or below number of sphere and lower teeth.) 42. PSYCHATRIC (Spicify an personality desidation) 43. PELVIC (Females only) (Check how done) VAGINAL RECTAL 44. DENTAL (Place appropriate symbols, shown in examples, above, or below number of sphere and lower teeth.) 38. SPINE (Spicify and personality desidation) 49. Rectarable 1/2 3/3 30 restorable 1/2 3/3 4/5 5/7 8/9 10 11 12 13 14 15 16 E 45. URINALYSIS: A. SPECIFIC GRAVITY 1.025 46. CHEST X-RAY (Place, date, film number and result) 1/6/72		26. PUPILS	(Equalit	y and reaction)				•			\$6 *.	3
X 23. HEART (Thrust, size, Thythm; founds) 30. VASCULAR SYSTEM (Varioutite; dc) 31. ABDOMEN AND USCERA (Industria; dc) 31. ABDOMEN AND USCERA (Industria; dc) 32. ANUS AND RECTUM (Hemothalis, dustion) 33. THOOGENE SYSTEM (Varioutite; dc) 34. Gu System 35. THOOGENE SYSTEM (Varioutite; dc) 36. FEET 37. LOWER EXTREMITIES (Strength, rained of an analysis) 38. SPINE. OTHER MUSCULOSKEETAL 39. LOWER EXTREMITIES (Except furth) 39. IDENTIFYING BODY MARKS; SCARS, TATIOOS X 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium issis under item 77) 42. PSYCHIATRIC (Specify ann personality desintion) 43. PELVIC (Females only) (Check how done) VAGINAL RECTAL 44. DENTAL (Place appropriate symbols, shown in examples, above, or belgu numbers of upper and lower teeth.) 10. 33. IDENTIFYING Solvedy and personality desintion 44. DENTAL (Place appropriate symbols, shown in examples, above, or belgu numbers of upper and lower teeth.) 10. 33. IDENTIFY (Specify and personality desint) 45. DENTAL (Place appropriate symbols, shown in examples, above, or belgu numbers of upper and lower teeth.) 10. SKIN, LYMPHATICS 10. ALBUMIN Neg. 10. MICROSCOPIC 11. 12. 13. 14. 15. 16. E. 12. 31. 30. 22. 28. 27. 26. 25. 24. 23. 22. 21. 20. 19. 18. TF. 14. LABORATORY FINDINGS 45. CHEST X-RAY (Place, date, film number and result) 1/6/72	_	27. OCULA	R MOTILIT	Y (Associated paral	lel more-						ž.	·
29. HEART (Thrius, Well Phythin, volvida) 30. VASCULAR SYSTEM (Volvidosities, dc.) 31. ABDOMEN AND VISCERA (Includ Fiernia) 31. AND SAND RECTUM (Microbidis, statlar) 32. ANUS AND SECTION (Microbidis, statlar) 33. ENDOCRINE SYSTEM 34. O-U SYSTEM 35. "UPPER EXTREMITIES (Except feet) 36. "FEET 37. LOWER EXTREMITIES (Except feet) 38. SPINE, OTHER MUSCULOSKELTAL 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS X 40. SKIN, LYAPHATICS X 41. NEUROLOGIC (Equilibrium tests under item 72) X 42. PSYCHIATRIC (Specifyram personality decination) 43. PELVIC (Females only) (Check how done) VAGINAL RECTAL 44. DENTAL (Place appropriate symbols, shown in examples, above or below number of nipper and lower teeth.) A4. DENTAL (Place appropriate symbols, shown in examples, above or below number of nipper and lower teeth.) A4. DENTAL (Place appropriate symbols, shown in examples, above or below number of nipper and lower teeth.) A5. PELVIC (Females only) (Check how done) VAGINAL RECTAL 44. DENTAL (Place appropriate symbols, shown in examples, above or below number of nipper and lower teeth.) A5. 2 3 4 5 0 7 8 9 10 11 12 13 14 15 16 E B 22 31 30 29 28 27 25 25 24 23 22 21 20 19 18 17 F LABORATORY FINDINGS 45. URINALYSIS. A. SPECIFIC GRAVITY 1,025 B. ALBUMIN Neg. D. MICROSCOPIC	,								CEAD	VICE INSTITUTE	****	
31. ABDOMEN AND VISCERA (Include Piernia) 32. ANUS AND RECTOM: (Include Piernia) 33. ENDOCRINE SYSTEM 34. G-U SYSTEM 35. TUPER EXTREMITIES (Strength, range of motion) 36. FEET 37. TOWER EXTREMITIES (Strength, range of motion) 38. SPINE, OTHER MUSCULOSKETAL 39. IDENTIFYING BODY MARKS; SCARS, TATTOOS X 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium lets under item 72) 41. NEUROLOGIC (Equilibrium lets under item 72) 42. PSYCHIATRIC (Specifyene personality deviation) 43. PELVIC (Females only) (Check how done) 44. DENTAL (Place appropriate symbols, shown in examples, above or below numbers of the proper and lower teeth.) 44. DENTAL (Place appropriate symbols, shown in examples, above or below numbers of the proper and lower teeth.) 45. PELVIC (Females only) (Check how done) 46. CHEST X-RAY (Place, date, film number and result) 45. URINALYSIS: A. SPECIFIC GRAVITY 45. URINALYSIS: A. SPECIFIC GRAVITY 1.025 1.025 1.026 1.027 1.025 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027 1.027		29. HEART	(Thrust)	size, Thythm, soun	da) V	ର ୍ଗ ଅଟ ଅଟ୍ଟୋ	:UA •	Fig			20 marine marine	
31. ABDOMEN' AND VISCERA (Include Rernia) 32. ANUS AND RECTION (Infiniterisity, statutar) 33. TENDOCRINE SYSTEM 34. G-U SYSTEM 35. "UPPER EXTREMITIES (Street, Ingre) 35. "UPPER EXTREMITIES (Street, Ingre) 36. FEET 37. LOWER EXTREMITIES (Street, Ingre) 38. SPINE. OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS X 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Specify any personality desiation) 43. PELVIC (Females only) (Check how done) 12. 3 Restarable 12. 3 Non- 12. 3 Restarable 12. 3 Non- 12. 3 Restarable 12. 3 Non- 12. 3 Missing 12. 3 Missing 12. 3 Resplaced 12. 3 Restarable 12. 3 Non- 12. 3 Missing 12. 3 Nos- 12. 3 Restarable 12. 3 Nos- 13. 3 1 decentives 13. 3 1 decentives 14. Non- 15. 1 decimies 15. 1 decimies 15. 1 decimies 16. CHEST X-RAY (Place, date, film number and result) 1/6/72 1/6/72		30, VASCÛ	AR SYST	EM (Varicosities, el	3:00	$\overline{1}$			S E HI	MAD . O DO	70	
32. ANUS AND RECTUM (Infiniteriolite, studied) 33. TRIOGERIE SYSTEM 34. G-U SYSTEM 35. TUPPER EXTREMITIES (Except feet) 36. THEET 37. LOWER EXTREMITIES (Except feet) 38. SPINE, OTHER MUSCULOSKEETAL 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS X 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium fests under item 72) 42. PSYCHIATRIC (Spueity any personality desiation) 43. PELVIC (Females only) (Check how done) 44. DENTAL (Place appropriate symbols, shown in examples, above or below number of supper and lower teeth.) 1 2 3 Restarable 1 2 3 Non. 1 2 3 Missing 1 2 3 Replaced 1 2 3 Fixed DISEASES 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 E HAMP A STAR STAR STAR STAR STAR STAR STAR ST	-					<u>તા, ે ો</u> ંડે	CHTQ!	upor est <mark>ile</mark>	. L.	SINANCE SINANCE	. —	الم المالية
33. TRIDOCRINE SYSTEM 34. G-U SYSTEM 35. TUPPER EXTREMITIES (Except feet) 36. TEET 37. LOWER EXTREMITIES (Except feet) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS X 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Specify ann personality deciution) 43. PELVIC (Females only) (Check how done) 12. 3 Restorable 32. 31. 30 PECHA 32. 31. 30 recth 33. 31. 30 recth 34. LABORATORY FINDINGS 45. URINALYSIS: A. SPECIFIC GRAVITY 1.025 46. CHEST X-RAY (Place, date, film number and result) 1/6/72	•	32. ANUS /	ND RECTI	UM' (Hemorrhoids, fis	tùlar) ',55	TENOUS	DO TOWN	. 1935	7	W. Die Ziren ST	1 /162	E1
** 35. G-U STSIEM ** 35. G-U STSIEM ** 35. S-UPPER-EXTREMITIES (Except feet)	x	33. ENDOC	RINE SYS	FEM SAA S	1.00 F.	<u> </u>	i shon	130/130		en Line William	WADD	,•
37. LOWER EXTREMITIES (Except feet) X X 38. SPINE. OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS; SCARS, TATTOOS X 40. SKIN, LYMPHATICS X 41. NEUROLOGIC (Equilibrium tests under item 72) X 42. PSYCHIATRIC (Specify any personality deviation) 43. PELVIC (Females only) (Check how done) VAGINAL RECTAL REMARKS AND ADDITIONAL DENTAL (Place appropriate symbols, shown in examples, above or below numbers of upper and lower teeth.) 32 31 30 12 3 30 12 3 30 10 10 10 10 10 10	x	_!	131EM				58		N		State Charles	
# State feet (asymptomatic) # 37. Lower extremities (Except feet) (Strength, range of motion) # 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS; SCARS, TATTOOS X X 40. SKIN, LYMPHATICS X 41. NEUKOLOGIC (Equitabrium tests under item 72) X 42. PSYCHIATRIC (Specify any personality desiation) 43. PELVIC (Females only) (Check how done) VAGINAL DEETAL	x	35. UPPER	ĖXTREMI	TIES Motion) range	ندول مع لاز بالمراه أ	URIQUE A	-	.			¥	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS X 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Spieify any personality deciation) 43. PELVIC (Females only) (Check how done) VAGINAL RECTAL 44. DENTAL (Place appropriate symbols, shown in examples, above or below number-of-upper and lower testh.) 1 2 3 Restorable 1 2 3 Non- 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Restorable 1 2 3 Res	* .				X 7.00	Flat f	eet (a	svmntom:	(afta	/		
39. IDENTIFYING BODY MARKS: SCARS, TATTOOS X 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Specify any personality desiation) 43. PELVIC (Females only) (Check how done) VAGINAL RECTAL 44. DENTAL (Place appropriate symbols, shown in examples, above or below numbers of upper and lower teeth.) 1 2 3 Restorable 1 2 3 Non-storable 1 2 3 Missing 1 2 3 Missing 1 2 3 Non-storable 1 2 3 Missing 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-storable 1 2 3 Non-sto	x	37. LOWER	EXTREMI	TIES (Except feet) (Strength, range of	f motion)					12710	77-1-2	77
Al. Neurologic (Equilibrium tests under item 72)	х	38. SPINE,	OTHER M	IUSCULOSKELETAL			", " , " ,)	07	F		1-10	
41. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Specify any personality deciution) 43. PELVIC (Females only) (Check how done) VAGINAL RECTAL (Continue in item 73) 44. DENTAL (Place appropriate symbols, shown in examples above or below number of upper and lower teeth.) 1		 			ATTOOS X	Sca	r around	neck.	, ,	Mum	-,6	F
42. PSYCHIATRIC (Specify any personality deviation) 43. PELVIC (Females only) (Check how done) VAGINAL RECTAL	<u>x</u>							•	9	APR 4	1972 3/	
43. PELVIC (Females only) (Check how done) VAGINAL RECTAL	х	 				<u>·</u>	REC-14	5.				<u> </u>
VAGINAL RECTAL (Continue in item 3)	, x	 -						•		25.00		
44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.) 1		43. PELVIC	(Female		· ·				WHI.			
1 2 3 Restorable 1 2 3 Non-restorable 1 2 3 Missing 1 2 3 Replaced 1 2 3 Partial 1 2 3 Missing 1 2 3 Non-restorable 1 2 3 Nosing 1 2 3 Nos	44.5	T11T41 (D/									ADDITIONAL DENTA	
NSA Specific Gravity 1.025 Specific Grav	44. 0	ENTAL (Plac	e approp	riate symbols, sbo	wn in exam	bles, above or below	w numberzof-uf	per and lowe	er teeth.)	DEFECTS AND	DISEASES	<u>L</u>
State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State Stat	-			1 Z 3 rest	and Line		1 2 3		P		NSA	
1 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 F		0 -	teeth	32 31 30 1	reth 🦳 🤻	a 31 30 teeth	<u> </u>	entures			•	
45. URINALYSIS: A. SPECIFIC GRAVITY 1.025 46. CHEST X-RAY (Place, date, film number and result) 1/6/72 B. ALBUMIN Neg. D. MICROSCOPIC	i G		3						15 16·			
45. URINALYSIS: A. SPECIFIC GRAVITY 1.025 46. CHEST X-RAY (Place, date, film number and result) 1/6/72 B. ALBUMIN Neg. D. MICROSCOPIC	й		/ 30	29 28 27	26 2	5 24 23	22 21				gan, store a N	\ 24
45. URINALYSIS: A. SPECIFIC GRAVITY 1.025 46. CHEST X-RAY (Place, date, film number and result) 1/6/72 D. MICROSCOPIC				_ <u>xx</u>			ROPATORY FINDI	/ - / -			* .	and the second
B. ALBUMIN Neg. D. MICROSCOPIC	45. U			C GRAVITY	1,025						nd result)	12 1 4.
Money in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state				***		COPIC		1			1/6/	72
	c. su	GAR II	ace		-	Negative	مية -	ر∾اً ق	N	ormal Chest	- '	~ G

47. SEROLOGY (Specify test used and result) 49. BLOOD TYPE AND RH FACTOR POS. 50. OTHER TESTS Neut Lymph 48. EKG WBC 6.500 ST., changes Hemat 46% VDRL Non-reactive Hemog1. 16.6gms%

						M	EASURI	MENT	S AND (OTHER	FINDIN	GS				£,	200		
51. HEIGHT		52. WEIG	нт		OLOR HA		54. CO	OR EYE	5 5	5. BUILI):	•		•			56. TI	MPERAT	TURE
68	}"~ - ა ೮	134-1	66		own	.1 -	٠	rown	· , ,		SLEND	EŘ 📑	MEDIU	M X	HEAVY	OBESE	E 97	8 197	<i>}</i>
57.			URE (Arm o					58.	.,			F	PULSE (Arm at hea	irt level)	1. 4	5.1	F442	
۸.	sys168	*	· SYS.	160	C. STAND	SY	′5160	A. SI	TTING	E	3. AFTER	EXERCIS		MIN. AFTE	R D.	RECUMBEN	T E. AF		NDING
SITTING	DIAS. 10	O RECU	T DIAS	110	(5 mi	n.) Di	ăs: 9	5	80		100)		9 <u>2</u> '	3 "	76		84	
59.	DI	STANT VISIO	NC	28.0	60.			REFRAC	TION				61.			NEAR VISIO	ON:	, and all	
RIGHT 20/	20_	CORR.	TO 20/	*	BY		S.			С	x		0x0) <u>c</u>	ORR. TO	27X9	B	Y Jae	eger
LEFT 20/	20		TO 20/		BY		S.			С	x		02	KO c	ORR. T2	21X14	t B.	v #2	
62. HETERO	PHORIA (S	pecify dista	nce)												-				
ES°		EX°		R. F	l. ,	1	L. H.		PRISM D	oiv.	•		M CONV.	•		PC		PD	
63.	ACC	MMODATIO	ON		64. CO	OR VISI	ON (Test	used an	d result)			65. D	EPTH PE	RCEPTION d and scor	·~)	UNCORF	RECTED		
RIGHT		LEFT			Ish	ihai	ra ·	- No	ormal	L _		`	1 tot doc		6)	CORREC	TED		
66. FIELD C	F VISION				67. NIG	HT VISIO	ON (Test	used and	i score)			68. R	ED LENS	TEST		69. INT	RAOCULA	R TENSI	ON
270.	HE	ARING			71.			,	NUDIOME	TER	T					CAL AND PSY	усномот	OR	
RIGHT WV	15	/15 SV	30	/15		250 256	500 512	1000	2000	3000 2896	4000 4096	6000 6144	8000 8192						
					PICUT				 		-			1					
LEFT WV	15	/15 SV	30	/15	RIGHT	ļ	€0	<u> </u>	92 755 0	i.k.	4.6		<u> </u>	5.					
73. NOTES	(Continued) AND SIGN	IIEICANT OR	INTERV	LEFT AL HISTO	BV.		<u> </u>	<u> </u>		<u> </u>	i	<u> </u>	L`					
74. SUMM/	to No s	rule equel	ressue out d ae fro	liabe om hi	etes. istor	y as	S Sta	ated.	nal sheets	EKC	eary)	adfg			~~~	and the second			
`.																			
75. RECOM	MENDATION	S-FURTHE	R SPECIALIS	ST EXAM	INATIONS	INDICAT	TED (Spe	cify)	<u> </u>					76.	Α,	PHYSICAL	PROFILE	····	
	-		*											Р	U	L	н	E	s
77. EXAMIN		R		27	P3	00	, - (Cla	2						В.	PHYSICAL C	ATEGORY	,	
			UALIFYING I	DEFECTS	BY ITEM	NUMBE	R			<u>.</u>			<u></u>	٨		В	С	T	E
79. TYPED	OR PRINTED	NAME OF	PHYSICIAN		·					SIG	SNATURE		_				<u> </u>	_l	
											(\					
	OR PRINTED									SIG	MATURE		. /	/	•		_		
	B DU										⇒	کے		حب	<u> </u>			-	
			DENTIST OR		•					SIG	MATORE		11	1 (JL1.	۸_			/
											\rightarrow		1A	May	$\alpha \mathcal{L}_{\mathcal{M}}$	กร	T	_	
_			REVIEWING		OR APPR	OVING A	UTHORIT	Y		SIG	HATURE	/ /		-	_	1	TACHE	ER OF A	T• TS
<u>JOHN</u>	L. JE.	ANNOP	oulos,	M.D						<u> </u>	appl	<u> </u>	ar	<u>~~</u>	po	سرر			
M	ledi,ca	l off	icer i	n ch	large		,	·.	2		V	V	U. S. GC	OVERNME	NT PRINT	ING OFFICE	: : 1 7 69 O	—352 - 273	3 (49J)

FD-300	(Rev.	3-27-69

1 MARS: 58

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

	me of Examinee (Type or print)	PURCHIA Las	, , , , , , , , , , , , , , , , , , ,	IICHOLAS First	JOHN Middle	<u>#4</u> 4
		s of the attached exami	nation report	form need not be comp	oleted:	
	3	9	62	69		
	4	9 11	65	72		
	8	14	67	76		
		17	68			
45,	any other applica	quired for all Special Agent unless the examining essary. 45, 46 and 47 a	physician de	ems one, two, three o	r all four of the)r
48.	Not required unle	ess examinee is over 35	years of age	or examination indica	tes such is desira	able.
71.	and Special Age	ninations should be afforts. Applicants for the 5 decibel average in ei	Special Agent	position will not be	accepted if the he	earing
Fo	r All Examinees, \	Whether Clerical or Spec	ial Agent App	li <u>c</u> ants or Employees	•	
The	e medical examine	r should answer the foll	owing questio	n:		
	Examine	e is is not qua	lified for stre	nuous physical exerti	on.	
To	be Answered in th	ie Case of All Male Emi	oloyees and M	ale Applicants:		
1.		ave any defects restricti ments which might entai			n defensive taction	cs and
`	No Yes	If "yes" please specify	defects.			
2.	Does examinee ha	ave any defects prohibit	ing safe opera	ation of motor vehicles	s?	
•	No Yes	If "yes" please specify	defects			
3.	least 20/40 in on rective glasses w	of motor vehicles, Civil e eye and 20/100 in the while operating a motor in is based on a factor o	other, correcvehicle?	ted or uncorrected. Since you no standard, indicate to the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the sta	hould examinee w	
			ENCLUSO.	B.0925.		

Desirable Weight Ranges for Males ADMIN, DIV

	Desitable Meight	hanges for mares to MIN. DIV	
Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	APR \$23 9135 AH 1972	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4.	Examinee's frame is small medium large
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
6.	Under proper medical supervision, employee should lose pounds
	gainpounds
Re	marks:
	,

Signature of Médical Examiner

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee:	NICHOLAS J. PU	RCHIA #069-	-16-6407
Where Assigned:	NEW YORK (Division)	SECUR:	
Official Position Title and	Grade: SPECIAL A	GENT GS-13	
Rating Period: from	APRIL 1, 1971	toMARCH	31, 1972
ADJECTIVE RATING:	EXCELLENT Outstanding, Excellent, S	Satisfactory, Unsatisfactory	Employee's Initials
Rated by:	Signatule	Supervisor	. b6 b7 <u>3/31/72</u> Date
Reviewed by: JOHN F. MORLEY	Signature	Special Agent In Charge Title Assistant Director	3/31/72 Date APR 24 1972
Rating Approved by:	Signature	Title	Dațe
TYPE OF REPORT © Official © Annual	Administrative 60-Day 90-Day Transfer Separation from Serv	l ॐ APR	197-133 18 19723 9
PAPR 27	1972 95		Arek

44 is 30





PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS (For use as attachment to Performance Rating Form FD-185)

e '	
Name of EmployeeNICHOLAS J. PURCHIA	
Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.	
RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.) + _Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)	
Excellent (Overall E must be supported by E or + on majority of items, including important elements.)	
— Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.	
O No opportunity to appraise. In other responses, use "X."	_
(Use INK for Checklist - DO NOT TYPE) RESPOND TO EVERY ITEM	
1. Personal appearance.	
2. Personality and effectiveness of his personal contacts.	
3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work local shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the shape of the	a).
·	
+	
5. Resourcefulness, ingenuity, and initiative.	
6. Forcefulness and aggressiveness as required. 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.	
8. Planning of work.	
9. Accuracy and attention to pertinent detail.	
10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.	
adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control. 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.	
11. Intowhedge of duties, instructions, rules and regulations, including readiness of comprehension and know now of application. 12. Performance results (rate if applicable and mark others 0)	
Investigative; C. Fugitive; D. Applicant; E. Accounting; D. F. Other, such as Supervisor. Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:	
During this rating period, SA PURCHIA was assigned to Squad #44	
which handles investigation of the Communist Party. He handles	
a large volume of varied, and complicated work with a minimum	
amount of supervision. He is a dependable and conscientious	
agent, who readily accepts responsibility and is most cooperative	.
His overall performance is excellent.	
He has participated in the Bureau's applicant recruitment program	l.
Complexity of matters handled: None Moderate Most complicated	
Degree of supervision required: Above average Average Minimum None	
A. Is employee available wherever needs of service require for general assignment? Yes No Special assignment? Yes No	
B. Is employee qualified to operate a motor vehicle incidental to his official duties? Yes No If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.	
C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resider Agent, supervisor, instructor, etc.):	t
EVATT TONIO	-
ADJECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS OUTSTANDING: COutstanding, Excellent, Satisfactory, Unsatisfactory)	-

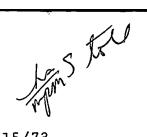
(Checklist	and Narrative Comments continued)
EV	Firearms.
1/14	Development of informants and sources of information. Comment on weaknesses or justify limited participation.
	· ·
	During rating period developedO_informants;potential informants.
S	SA PURCHIA understands the importance of informant development.
<u>£</u> 16.	Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.) A. Reports; B. Memos, letters, wires. Performance as a witness. During rating period; Based on past performance; No experience. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline
	applicable.) A. Leadership F. Devising procedures
	B. Ability to handle personnel G. Promoting high morale
	C. Making decisionsH. Getting results
	I. Furthering equal employment opportunity
	E. Training subordinates
	Raids and dangerous assignments; A. As leader; B. As participant.
<u>~~</u> 19.	Miscellaneous. Specify and rate:
1 / A	Dictation; Applicant recruitment; Other
<u>NA</u> 20.	Police Instruction: Qualified Participated Audited
21.	Foreign Language Ability: Proficient in
	Can handle typical investigative problems as follows:
	A. Conversation form
	B. Written form Excellent Very Good Good Fair Unsatisfactory
	Frequencylanguage ability used during rating period
	Anticipated use during ensuing year
22.	Administrative Advancement: (Check block if not interested.) A. Yes No Agent is completely available for administrative advancement. B. Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality
	and appearance. C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding Explain if interested but not now qualified.
23.	Number of Incentive Awards
	Commendations received from Director: Individual Through Superior
	Suggestions submitted
9.4	If none, check block .
<i>2</i> 4.	Disciplinary Action and Justification for any Unsatisfactory Items. None (List items taken into consideration on Checklist.)

FD-277 (Rev. 3-6-63) OPTIONAL FORM NO. 10 MAY 1962 EDITION OSA GEN. REG. NO. 27 UNITED STATES GOVERNMENT Memorandum

			;			
O	: Director, F	ВІ		DATE:	3/28/7	⁷ 2
RO	M SAC,	NEW YORK		Attention:	Personnel	Section
	\cup				,	
UBJ	JECT:	NICHOLAS J SPECIAL AG	OHN PURCHIA	,		
			XAMINATION .			
			•			•
	· 🔲 Rem	ylet		•••••••••••••••••••••••••••••••••••••••		
	ReB	ylet		•		,
,	T Ronhysical a	vamination C	f 1/18/72	•	•	
	X Dental work	was completed on			٠.,	•
Ì					Employee	specifically instructed
		by	(name of person giv	· · · · · · · · · · · · · · · · · · ·	that he can	operate a Bureau car
	(date)	aring the necessar	. 74	ing instruction)	:	•
1				alysis serology w	ere negative	•
		•				rtion and use of firearms.
!		paid unpa				
1	Attached are	Bureau of Employ	ees' Compensation	forms		
3	Physical over	nination reports a	ro on alogad	4		•
_		- ×	sical examination o	n		·
			s been reviewed an		COEDEDE	•
	Employee retu	rned to active du	ty	B. Car B.	<u> </u>	
			is		• `	
		eing removed from eing placed on li	· ·			
		orne bracka on in		,		TO THE REAL PROPERTY OF THE PARTY OF THE PAR
	Remarks:		(00)			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	remarks:	FLAT ICCT	(2°) asympt	omatic. gar. Blood p:	racciira	V Setemale
	168/100: 1	60/110: 160	796. Repea	t readings 150	0/100.	
		EKG - ST c	hanges - ch	t readings 150 eckéd as "0.K	." by Dr	. DURAN.
						ary 1972. Repeat
						re rechecked by indicated at
	present ti		Cause Ioi		. Coo onicii (, THETCHOOK WO
	<u></u>		ated neutro	philes (75) D	r. DURAN	Tat USPH advised
	that this	was not sig	gnificant.	•		
	T) = Bungan		c tests nece	ssary.		,
\	1 = Bureau 1 = New Yo		, L			
	HAB:gt	rk	,		,	
	(2)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	APR 10	1070		
	I	Film.	MEN II	NACLE CI		

FD-208 (Rev. 3-18-68)

PERSONAL INFORMATION AND/OR REQUEST FOR LEAVE



(A) TA

ACTING DIRECTOR, FBI

DATE:

1/15/73

Name NICHOLAS J. PURCHTA Social Security No. 069-16-6407 Assigned NEW YORK OFFICE EOD 12/9/46 REQUEST FOR LEAVE WITHOUT PAY LWOP from to to Desires advanced annual leave in addition to LWOP Reason:
Assigned NEW YORK OFFICE REQUEST FOR LEAVE WITHOUT PAY Hours of annual leave accrued Hours of sick leave (if applicable) Desires advanced annual leave in addition to LWOP Yes No
REQUEST FOR LEAVE WITHOUT PAY LWOP from
Hours of annual leave accrued Hours of sick leave (if applicable) Desires advanced annual leave in addition to LWOP
☐ Yes ☐ No
Reason:
ILLNESSES Nature of illness: (Indicate extent of, description, and current condition under Remarks) (Date of surgery and postoperative condition must be indicated under Remarks)
Accident Injury Disease Operation
Date sick leave commenced Date ceased active duty Expected date of return to duty
Address: Confined at: Hospital Residence
Address: Commed at: I nospital in Residence 64-13 91 - 134
REG Larched Numbered
1 JAN 1973
EMPLOYEE REQUESTS ADVANCED SICK LEAVE after accrued sick leave sick and annual leave
Employee hashours of annual leave andhours of sick leave (if applicable) accrued.
DEATHS Father Mother Spouse Daughter
Brother Sister Son Other Relationship
Name of deceased Date and place of death
PAUL PURCHIA 1/13/73, Bronx, New York City
Employee's residence address 91 Blauvelt Street If employee is leaving residence because of this death, what will be his temporary address?
Teaneck, New Jersey 07666
leanesky new salesy system
Time and date of departure:
Anticipated time and date of return:

ADDITIONAL REMARKS AND/OR REASONS FOR REQUEST WHICH WILL BE GRANTED, UACB.

Bureau 1 - New York

RJR:pml (2)

In har 18 year

THREE TO

FORM 3-542 (9-14-64) APPROVED COMP. GEN. U.S. 4-5-63 IN LIEU OF SF 1126

FEDERAL BUREAU OF INVESTIGATION

PURCHIA NICHO	NOTIFICATION OF BASIC CHANGE		069-16-6407
892—QUALITY INCREASE 893—WITHIN GRADE INCREASE 894—PAY ADJUSTMENT GRADE OR LEVEL STEP OR RATE	896—ADMIN. PAY INCREASE 897—ADMIN. PAY DECREASE OTHER (SPECIFY IN REMARKS) OLD SALARY	8/20/72 NEW SALARY	DATE OF LAST EQUIV. INCR.
GS-13 STEP 9	\$23,112.00 DATA ON UNPAID ABSENCE		\$23,737.00
	TOTAL EXCESS	IN PAY STATUS AT END OF W	AITING PERIOD INITIALS
-	ABLE LEVEL OF COMPETENCE.	ATŘÍCK GRAY, I	11.
EMPLOYEE'S WORK IS OF AN ACCEPTA	AC	TING DIRECTOR	•
EMPLOYEE'S PERFORMANCE RATING	AC IS SATISFACTORY OR BETTER, XYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1	C

OPTIONAL FORM NO. 10 MAY 1982 EDITION GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

TO

ACTING DIRECTOR, FBI

DATE: 7/7/

b6

b7C

FROM

min

SAC, NEW YORK

SUBJECT:

SPECIAL AGENT NICHOLAS J. PURCHIA EUROPEAN TRAVEL

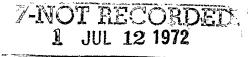
UACB, permission is granted to SA NICHOLAS J. PURCHIA to travel to Europe by air, starting 9/8/72, and ending 10/6/72, a total of 21 work days. He has sufficient accumulated annual leave.

SA PURCHIA will not be travelling to Iron Curtain countries. His itinerary will include Holland, West Germany, Austria and Greece.

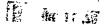
Bureau (RM) 1-New York

NJP:fam (3)





31





<u>۲</u> '۲, ر LABORATORY FINDINGS 45. URINALYSIS: A. SPECIFIC GRAVITY 46. CHEST X-RAY (Place, date, film number and result) 1.020 DE MICROSCOPIC 2-4 WBC B. ALBUMIN NEG C. SUGAR 2 8 C Occ Epith Moderate Bact 1/12/73 - NORMAL CHEST NEG erica_ 49. BLOOD TYPE AND RH FACTOR POS 47. SEROLOGY (Specify test used and result) 50. OTHER TESTS WBC 5,900 54 NEUT. EOS. 02 HCT. 48% VDRL NON-REACTIVE W.N.L. TYPE LYMPH. 44 HGB. 16.4 GMS %

88-116

						М	EASURE	MENTS	S AND (THER	FINDIN	GS								
51. HEIGHT	Γ 	52. WE	8 3 a a 4 4	ı	OLOR HA			OR EYES	, ,	5. BUILD	- ~		\' '		_					RATURE
5'	811 🕇		174		<u>0₩N-</u>	GREY	В	ROWN			STEŇĎ		MEDI		X HE		OB	ESE		98
57. A.			SURE (Arm			cv	s. 14	58.	TTING	- In	. AFTER			•	at heart AFTER		RECUMB	FNT F	AFTER	STANDING
SITTING		REC	UM- DI/		1 STAND	نسا غس	45. 141	<u> </u>	90	•		08		9/		· -	86		3 MIN.	90
59.		ISTANT VIS	1	00	60.	-		REFRACT				00	61.		7		NEAR VI			70
RIGHT 20/	20	CORR	. TO 20/		BY	-	s.			C	x		0	Х () cor	R. TO	27 X	10	BY ,	JAEGER
LEFT 20/	-20	COR	R. TO 20/		BY		S.			C	ĸ		0	Х () cor	R. TO	28 X	12	BY	#2
62. HETER	OPHORIA (Specify dis	lance)																	
ES°	<u>.</u>	EX°		R. H			L, H.		PRISM D	olv.			M CON	v	;* <u>*</u>	· 1 · 4 · » *	PC AC 14 D	e " .	PE)
63.	ACC	COMMODAT	ION		4			used an	d result)				EPTH P		TION *		UNCC	RRECTE	D ^	
RIGHT		LEFT	•			<u>HIHA</u>			<u>ORMA</u>	L		60.0						RECTED		
66. FIELD (OF VISION				I '		M. (Test	usta-an a	1-800F4)			68. R	ED LEN	IS TEST	ľ		69. [NTRÁOCU	JLAR TE	NSION
70.	u	EARING					E #1		ÚĎĬŎMET	ren to A	CENT '	1/12	173	72	PSYCH	ol oele	AL AND I	PSYCHON	MOTOR	
· · · · · · · · · · · · · · · · · · ·					71·NO	RMAL	1		T				T	┪	(Tests	used ar	nd score	;)	1010K	; 6 ×8, ≥ 3
RIGHT WV	15	/15 SV	30	/15		250 256	500 512	1000	2000 2048	3000 #896	4000 4096	6000 6144	8000 819£							
LEFT WV	15	/15 SV	30	/15	RIGHT		15 15	'·10						-						
73. NOTES	(Continue	d) AND SIG	NIFICANT C	R INTERVA	L	RY	13	ر د	25	<u> </u>	السان	L	1	Ц.						
			lvise											•	·					
							•		al sheets		• .									
74. SUMM/	ARY OF DE	FECTS AND	DIAGNOSES	5 (List dia _t	gnozes w	ith item	numbers)-``	.u .	الباديد مه ر	* 12		*********	مد لاء						
*																				
																			×	
75. RECOM	MENDATIO	NS-FURTH	IER SPECIAL	IST EXAMI	NATIONS	INDICAT	ED (Spe	cify)						76.		Α.	PHYSIC	AL PROFI	ILE	
															•	U	L	н	E	S
A. EXAMIN	UALIFIED F		••													B. P	HYSICAL	. CATEGO	ORY	
78. IF NOT				DEFECTS	BY ITEM	NUMBER	₹								A		В	С		£
79. TYPED	OR PRINTE	D NAME OF	PHYSICIAN	 I						SIG	NATURE		_							y '
80. TYPED	OR PRINTE	D NAME OF	PHYSICIAN	1			<u> </u>			Sic	NATURE)						
44	IDE	SA B	DURAN	, M.D	•				_		74		<u></u>	لإ		<u>ب</u>	<u>~</u>		7	
81. TYPED					M (I ndi	cate whi	ch)			Sic	NATURE	1 1	LI	DA	FW	2				
82. TYPED	JOH	N H.	HOLT,	DDS.	OR APPR	OVING AT	ITHORITY	,		SIC	ATURE	لإلمير	DA	<u></u>	<u>\W</u>			NU	MBER O	F AT-
VEN TIPED!								•			/ I	L	1	/,		سب	7	TAC	CHED SI	EETS
			JEANN OFFIC							{	1//		U. S./G	OVER	NMENT	PRINT	NG OFFI	CE: 1269	9 0-352	-273 (49J)
. سيم	' ^ Tater	TOTT	AT T. T.O.	~w TI	OIL OIL OIL OIL OIL OIL OIL OIL OIL OIL					`) V									J O Q

NICHOLAS PURCHIA

3/5/73, - 10:30 AM - 152/84 RA'
2:30 PM - 152/92 RA, b.jg
3/6/73, - 10:30 AM - 152/90 RA
2:40 PM 156/88 RA, b.jg
3/7/73, 10:45 AM - 154/84 RA,
2:30 PM - 130/84 RA, b.jg

J. Dur

67-413797-125

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Nam	ne of Examinee _ Type or print)	PURCHIA Lasi	HICHO.	LAS First)0HN Middle	#44
		ons of the attached examin	nation report fo	orm need not b	e completed:	•
	3	9	62	69		. aca -
	4	11	65	· 72	-	-
	8	14	67	76		
		17	68			
45,	any other appli	required for all Special Acant unless the examining ecessary. 45, 46 and 47	g physician de	ems one, two,	three or all four o	of the
48.	Required for (1 examinees over) all Special Agent applica 35 years of age; (4) any o	ants; (2) all Flother where ex	3I National Ac amination indi	ademy applicants cates such as des	; (3) all sirable.
71.	and Special Ag	minations should be affor ents. Applicants for the S 15 decibel average in eit	Special Agent	position will r	ot be accepted if	the hearing
For Emp	All Examinees, loyees:	Whether Clerical or Speci	al Agent Appli	cants, Nationa	al Academy Applic	ants, or
The		er should answer the follo			arrarti ar	*
		the Case of All Special Ag		9	*	Academy
1. I	oes examinee h	ave any defects restrictin nments which might entail				tactics and
	¬No □Yes	If "yes" please specify of	defects.			
	7 [· · · · · · · · · · · · · · · · · · ·	,			,
+	,	•	. 3		•	4 - 4
	be Answered in drive Bureau v	the Case of All Special A ehicles:	gents, Special	Agent Applic	ants, and other E	nployees
1. I	Does examinee l	nave any defects prohibiti	ng safe operati	on of motor v	ehicles?	
7	No Yes	If "yes" please specify	defects.			
<u>,</u>			× ·		•	-
]	least 20/40 in or rective glasses	of motor vehicles, Civil Some eye and 20/100 in the while operating a motor von is based on a factor of	other,⊹correcte ehicle? — Ye	d or uncorrect es No	ed. Should exami	est test at nee wear cor-
_		(0	7-4/	3 797	7-125	>

		MALES RE	FBI		FF	MALES	
Height	Small Frame	Medium Frame	Large Frame	Height		Medium Frame	Large Frame
5'4"	117 - 138	123 - 149 MA	2\$31 4185 PF	1973.	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5 ' 10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5 ' 11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5 ' 8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5 ' 9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238			н	

4.	Examinee's frame is small medium large
5.	Considering above weight table the examinee's frame, and other individual physical characteristics,
	I consider his present weight 💢 Satisfactory 🔲 Excessive 🔲 Deficient
6.	Under proper medical supervision, employee should 🔲 lose pounds
	gainpounds
Re	marks:
	•

Signature of Medical Examiner

Date

January 18, 1973

Mr. Nicholas J. Carchia Federal Bureau of Investigation New York, New York

Dear Mr. Purchia:

I want to extend my heartfelt sympathy to you on the passing of your Father.

I do hope you will gain some solece from knowing that your friends in the FBI are thinking of you, and that we are sharing your sorrow.

Sincerely,

E. Patrick Gray III

1 - SAC, New York (Personal Attention)

MPM in h

. MICE RESIDENCE.

MAILED 4 JAN 181973 FBI

yk

Felt_ Baker. Callahan Cleveland. Conrad . Dalbey. Gebhardt Jenkins Marshall Miller, E.S. Purvis _ Soyars Walters Tele. Room Mr. Kinley _ Mr. Armstrong_ Ms. Herwig

Mrs. Neenan

1 100 1973 C

MAIL ROOM

TELETYPE UNIT

W.

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee:	ICHOLAS J. BURCHIA	#069-16-6407	
Where Assigned: Official Position T	NEW YORK (Division) itle and Grade: SPECIAL A	SECURITY (Section, Unit) AGENT GS-13	
Rating Period: from	APRIL 1, 1972	toMARCH 31, 19	972
ADJECTIVE RATING:	EXCELLENT Outstanding, Excellent,	Satisfactory, Unsatisfactory	Employee's Initials
Rated by: RAYMOND J. RUCK Reviewed by: ARBOR W. GRAY Rating Approved by:	Signature Signature Signature Signature Signature	Supervisor Title Special Agent in Charge Title Assistant Director	3/31/73 3/31/73 Date APR 26 1973 Date
TYPE OF REPORT Official Annual	Administrative Go-Day 90-Day Transfer Separation from Ser	Searched Number 4 APR 26	1973 1973 25-7

THREE

3 Vbb 3 3 Tos 3





PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

CHECKLIST AND NARRATIVE COMMENTS
(For use as attachment to Performance Rating Form FD-185)

Name of Employee NICHOLAS J. PURCHIA #069-16-6407
Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should
be compared. RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.) + Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
Satisfactory
— Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
O No opportunity to appraise. In other responses, use "X."
(Use INK for Checklist - DO NOT TYPE) RESPOND TO EVERY ITEM
1. Personal appearance.
2. Personality and effectiveness of his personal contacts. 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load)
4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? Yes No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? Yes No. If answer to either is yes, explain.
5. Resourcefulness, ingenuity, and initiative.
6. Forcefulness and aggressiveness as required.
7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
8. Planning of work.
9. Accuracy and attention to pertinent detail.
10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. 12. Performance results (rate if applicable and mark others 0) 13. A. Internal Security; 14. B. Criminal or General 15. Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:
SA PURCHIA continues to be assigned to Section 44 which is responsible for the investigation of the Communist Party. He He handles both organizations and individuals, including a volume of complicated work, with a minimum of supervision. SA PURCHIA is a highly dependable and conscientious agent who willingly accepts responsibility. His overall performance rating is excellent.
He has participated in the Bureau's applicant recruitment program.
Complexity of matters handled: None Moderate Most complicated Degree of supervision required: Above average Average Minimum None A. Is employee available wherever needs of service require for general assignment? We yes No Special assignment? We no Special assignment? No B. Is employee qualified to operate a motor vehicle incidental to his official duties?
B. Is employee qualified to operate a motor vehicle incidental to his official duties? Yes No If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Security
ADJECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS WAS TO SERVE THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T
(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)
13. Firearms. Check One: Qualified Qualified Instructor Expert
14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.
During rating period developed informants; o potential informants.
Although SA PURCHIA has not developed any informants or PSI's during
this rating period, he very capably handles a security informant previously developed and currently has cases assigned to him for the
previously developed and currently has cases assigned to him for the
sole purpose of developing informants.
,
15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
A. Reports; B. Memos, letters, wires.
16. Performance as a witness. During rating period; Based on past performance; No experience.
17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
A. Leadership F. Devising procedures
B. Ability to handle personnel G. Promoting high morale
C. Making decisionsH. Getting results
D. Assignment of work I. Furthering equal employment opportunity
E. Training subordinates
18. Raids and dangerous assignments; A. As leader; B. As participant. 19. Miscellaneous. Specify and rate:
19. Miscertaneous. Specify and rate: Dictation; Applicant recruitment; Other
20. Police Instruction: Qualified Participated Audited
21. Foreign Language Ability: Proficient inlanguage(s). Can handle typical investigative problems as follows:
A Consequentian form
(language)
Clanguage) Excellent Very Good Good Fair Good Fair
Frequencylanguage ability used during rating period
Anticipated use during ensuing year
C. Completed Bureau Language School No Yes, Specify language(s)
22. Administrative Advancement: (S) (Check block if not interested.)
22. Administrative Advancement: [X] (Check block if not interested.) A. Yes No Agent is completely available for administrative advancement. B. Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality
and appearance.
C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding Explain if interested but not now qualified.
23. Number of Incentive Awards
Commendations received from Director: Individual Through Superior
Suggestions submitted If none, check block 📉.
24. Disciplinary Action and Justification for any Unsatisfactory Items. 'None
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS _______



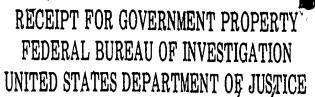
FD-277 (Rev. 3-7-72)
optional form no. 10
may 1962 Edition
GSA GEN. REG. NO. 27

5010-1

UNITED STATES GOVERNMENT

Memorandum

TO : Director, F	ві	DATE:	3/22/73
FROM MAKIN	NEW YORK	Attention: Pe	ersonnel Section
SUBJECT:	NICHOLAS JOHN PURCHIA SPECIAL AGENT PHYSICAL EXAMINATION		
Remylet		.•	
ReBulet	·	. •	
Re physical examinat	tion of 1/24/73		
	pleted on		
	ected to		
(date)	by(name of person giving instruc	tion)	that he can operate a Bureau car
	e necessary glasses.	110111	
Results of chest	X ray patch test urinalysis serolog	gy were negativ	e.
Enclosed physician's	statement indicates he is qualified for strenuo	us physical exe	ertion and use of firearms.
	d unpaid medical bills.		
Attached are Bureau	of Employees' Compensation forms		
4F n			
Physical examination	reports are enclosed. ed for physical examination on		
	report has been reviewed and initialed.		
	active duty		· · ·
	condition is		·
	moved from limited duty.	-73 B	CO
UACB he is being placed	aced on limited duty.	64.14O	CORDINATION OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE
are sufficient agents	sident Agent, is there a sufficient amount of no s available to handle emergency assignments. your recommendation for the return of this agen	Yes N	To If answer is no, separately and
Remarks:	Wlat fact agreements		
blood pressur	Flat feet - asymptomatic. Blood pressure - 140/90; I res taken in Health Service acceptable. No further ev res attached. Lymphocytes are increased	and rev	aluated by Dr. necessary. Serial
(1) - Bûreaû DD	2 1973	4	
1 - BûreaûPR	131 21 X	-d	*
RHM:gt	D		Lange Control
(2) 3	ENCLOSURE)	•	, Three



I certify that I have received returned the following Government property for official use:

SPECIAL AGENT CREDENTIAL CARD WITH CASE # 1484
COLOR OFF OF DIR

RETURNED

OLD SPECIAL AGENT CREDENTIAL CARD WITH CASE # 1484

FILE

3/ AM

Very truly yours;

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY. - NO I RE-CORRESPONDE

9 FEB 28 1973

(Signature)

NICHOLAS

PURCHTA

Standard Form 88 Revised April 1968 General Services Administration Interagency Comm. on Medical Records FBMR 101-11,809-3 REPORT OF MEDICAL EXAMINATION 1. LAST NAME-FIRST NAME-MIDDLE NAMEL 2. GRADE AND COMPONENT OR POSITION 3. IDENTIFICATION NO. 271 736 SPECIAL AGENT - FB. MICHOLAS JOHN 5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) ANNUAL PHYSICAL 11. ORGANIZATION UNIT 10. AGENCY 9. TOTAL YEARS GOVERNMENT SERVICE MILITARY MALE FBI 12. DATE OF BIRTH 13. PLACE OF BIRTH 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN IYEN YORK, HEW YORK 16. OTHER INFORMATION U.S. PUBLIC HEALTH, 245W. HOUSTON ST., MYC TIME IN THIS CAPACITY (Total) LAST SIX MONTHS NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.) CLINICAL EVALUATION (Check each item in appropriate col-umn; enter "NE" it not evaluated.) ABNOR MAL X 18. HEAD, FACE, NECK AND SCALP X 19. NOSE X 20. SINUSES 21. MOUTH AND THROAT 22. EARS-GENERAL (Int. & ext. canals) (Auditory acusty under items 70 and 71) X 23. DRUMS (Perforation) 24. EYES-GENERAL (Visual acuity and refraction under items 59, 60 and 67) Corrected for reading. 25. OPHTHALMOSCOPIC X 26. PUPILS (Equality and reaction) 27. OCULAR MOTILITY (Associated parallel move ments, nystaamus) TWO I I I WAY TO AND ANGUSES 28. LUNGS AND CHEST (Include breasts) X 29. HEART_(Thrust; size, rhythm, sounds) -2 Called B. Sulling . H chiesterk 30. VASCULAR SYSTEM (Varicosilies elc.) 36 X 31. ABDOMEN AND VISCERA (Include hernia) X 32+ ANUS AND RECTUM (Hemographics, fistular) Dr me grow: Jania pir ing - Jania ream our -3 ; Χ. 33, ENDOCRINE SYSTEMIC IN 730 3.44 `&**&**` . (20) , C. L. ° (... 1. e.10.3 c.1/2 e 34r G-U(SYSTEMU®®\$. " 35. UPPER EXTREMITIES (Strength, range of motion) 36. FEET Flat feet (asymptomat 37. LOWER EXTREMITIES (Except feet)
(Strength, range of motion) 38. SPINE, OTHER MUSCULOSKELETAL 12 REC-145 FEB 21 1974 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS Scar- around neck. 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Specify any personality deviation) I (Jan) 43. PELVIC (Females only) (Check how done) □ VAGINAL □ RECTAL (Continue in item 73)

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES 44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.) Replaced Fixed Restorable Missing restorable dentures 12 13 10 15 16 E 32 23 21 18 ` uî.... LABORATORY FINDINGS 45. URINALYSIS: A. SPECIFIC GRAVITY 1.010 46. CHEST X-RAY (Place, date, film number and result)

B. ALBUMIN D. MICROSCOPIC _ 2 C. SUGAR NORMAL CHEST - 12/17/73 NEG NEGATIVE 49. BLOOD TYPE AND RH FACTOR.
RH - POS 47. SEROLOGY (Specify test used and result) 50. OTHER TESTS WBC 6,500 SEE 3 15 NEUT. 66 EOS. HCT. 50% VDRL NON-REACTIVE TYPE LYMPH. HGB. 17.0

WALL S

88-116

							MEASU	REMEN'	TS AND	OTHER	FINDING	GS								
51. HEIGH	4.T	52. W	EIGHT	١.	53. CC	DLOR HAIR*	54. 0	OLOR EY	ES !	55. BUIL	.D:							°56. TE	MPERAT	URE
51	811	`	176	l l	ם מו	N-GRE	v .	RD(OWN		_ SLEMDI	ER 🔲	MEDIU	لا ٨	HEAV	<u>'</u> Y [OBESE	•	986	
57.		BLOOD PRE					. <u></u>	58.	V1111			PÚ	LSE (A	rm at	heart lei	vel)				
Α.	SYS.		В.	sys. 1	60	C.	sys. 1	60 4.	SITTING		B. AFTER	EXERCISE	C. 21	MIN. AF	TER	D, RE	CUMBENT			IDING
SITTING	DIAS.		ECUM- BENT	DIAS.	98	STANDING (\$ min.)	DIAS.	98	76	İ	7	76		76	,	``	60	3 MI		5
59.		DISTANT V			<u> </u>	60.		REFRA					61.			NE	AR VISION	 		
RIGHT 20/	72.0	COR	R. TO 20	····		BY	<u> </u>	s.			cx		0.3	x o	CORR.	то 2 3	3 X 1	5 BY	T	AEGER
LEFT 20/	20	COI	RR. TO 2	0/		BY		S.						X O			+ X 1			#2
62. HETE		(Specify di	stance)											<u></u>			7 22 4	<u> </u>		11 ==
ES°		EX°			R. H.	•	L, H.		PRISM I	DIV.		PRISM C1		•			PC		PD	
63.	A	COMMODA	TION			64. COLOR	VISION (T	est used o	and result)	,		65. DEF	TH PE	RCEPTIO	ON	-	UNCORRE	CTED		
RIGHT		LEF				ISHI			NORMA					d and s			CORRECT			
	OF VISION					67. NIGHT						68. REC	LENS	TEST			69. INTRA		TENSI	ON.
							AL FO					-								
70.	-	HEARING				71. AU			AUDIOME	TER T	AKEN	12/17	7/73	72. PS	SYCHOLO	OGICAL	AND PSYC	НОМОТ	OR	*
						711 2203	10010	-		Ι	7		//-	(7	Tests us	ed and	score)			
RIGHT W	15	/15 SV	:	30 /	15	1 2	50 500 56 511	1000	2000	3000 2896	4000 4096	6000 6144	8000 819£							
		,				RIGHT	1	0, 144.5	5 10	40	7 - 5	5	-							
LEFT WV	15	/15 SV	:	30	/15	LEFT	1			-,30		20								
73 NOTE	S (Contine	red) AND SI	GNIEICA	NT OR INT	FRVA		1 +	U 1.	ب عدا ر	1,00	1 35	20								
751 ,1012	5 (00	sco, mio si	10/11/10/	0		L 111510111			. 2.3		الأمسور طبوان		. , •							
<i>‡</i> 39	- Sca - Blo 150 Pat	er ard ood pr 0/92 s cient story	ound cessistand will as	neck ure r ding. 1 rec given	no ech hec	l (asymetric) sequences deck blom form enlarge	elae. by mod pro 93 no	e `sho essui	ow: 1: re win	th n	urse	in of	ffic	ce.			<i>[</i>	t -	J	
1))				()	se additi	onal sheets	if nece	ssary)					v				
74. SUM	MARY OF D	EFECTS AN	DIAGN	IOSES (Lis	t diag	noses with	item numb	era) ···	€ v . 3	٠٠. ۵٠٠	, "Ja	المراجع								
3																				
•																				
75. RECO	MMENDATI	ONS-FURT	HER SP	ECIALIST E	XAMI	NATIONS INC	ICATED (S	pecify)			,			76.		A. PI	YSICAL P	ROFILE		
													İ	Р	υ		L.	н	E	s
															ļ —					
77. EXAM	INEE (Che	ck)				-									-1				<u>l</u> .	
A .	QUALIFIED															в рну	SICAL CA	TEGORY		
7. 42 B.	IS NOT	QUALIFIED	FOR													D,	5,6,,2			
78 IE NO	TOUALIER	O LIST DI	COLLALIE	VINC DEE	FCTC	BY ITEM NU	MDED							^		8		С	1	E
70. IF NO	1 QUALIFIE	.D. EIST DI	SQUALIF	TING DEF	ECIS	OT TIEM NO	MDEK						ł		-					
70				10141)							GNATURE		`							 -
73. ITPE	D OK PRINT	ED NAME O)F PHYSI	ICIAN						"	(1				•			
90 TV00	D OD DDING	TED NAME O	OF DUVE	ICIAN						CEU	GNATURE					··	·			
OU. ITPE					_					13	SHAYORE	/	V.	لا ب	ر	7_	<u></u>	7~		
41		SA B I				11 (Tm d! 4	ank/ak*			_ <	GNATURE	7/-	#	_	4 #	7	1-1)
ol. TYPE						HL (Indicate	•			51	CRATURE	los	1/2	./8		\/.	Men		D T	75
						.D.D.						110	7		10	m	· / /	2	0.0	<u></u>
82. TYPE	D OR PRINT	ED NAME O	F REVIE	WING OFF	ICER (OR APPROVI	IG-AUTHOR	HTY-		SI	GNATURE A						. :/:	NUMBE T ≜ CHEI	R OF A	r. 'S
	TOH	L	EAN	NOPOU	LOS	, M.D	D:	LRECT	OR		<u> </u>	440			76	\angle	<u>``'</u>	,		
• "	i di Okef waa Gala					-				/	<i>' </i>	// u	, s. go	VERNM	ENT PR	INTING	OFFICE	1969 0-	-352-273	(49.)
-4 14	Take the	•		. 4					•	. (7141	Y				` {			1.0
• • ,																	1	(ļ	,- '

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Nam	e of Examinee	PURCHIA	HICHOLA Last	S J	OHN	3810
C	Type or print)				•	
The	following porti	ons of the attached exa	amination report form n	need not be	completed:	
	3	9	62	69	•	44
,	4	. 11	65	72		
	8	14	67	76		
		17	68		* /	
45,	any other appl	; required for all Special cant unless the examinated and and and	ning physician deems	one, two, thi	ree or all i	four of the
48.) all Special Agent appr 35 years of age; (4) a				
71.	and Special Ag	aminations should be a gents. Applicants for t a 15 decibel average in	he Special Agent posi	tion will not	be accept	ed if the hearing
For Emp	All Examinees, loyees:	Whether Clerical or Sp	ecial Agent Applicant	s, National	Academy A	Applicants, or
	medical examin	ner should answer the i	- -	•	,	
J	Examin	is is is not	qualified for strenuous	nhysical ex	ertion.	
		the Case of All Specia		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		ional Academy
1. I	Ooes examinee l langerous assig	have any defects restri nments which might en	cting or prohibiting his tail the practical use o	s participation of firearms?	on in defe	nsive tactics and
1	No □Yes	If "yes" please speci	fy defects.	,		
٦٠٠٦		,				
	be Answered in drive Bureau v	the Case of All Specia	nl Agents, Special Age	ent Applican	ts, and oth	ier Employees
1. l	Does examinee	have any defects prohi	biting safe operation o	of motor vehi	.cles?	
1	No Yes	If "yes" please spec	ify defects.		-	
- /		4		-	à	
	least 20/40 in d rective glasses	g of motor vehicles, Ci- one eye and 20/100 in while operating a moto on is based on a factor	the other, corrected or or vehicle? Yes	uncorrected No	. Should	examinee wear, cor-
			67-	4/2	79	7-127
		FIAN	a cosession			Α.

		MALESEO DEA	DMIN. DIV.		F	MALES	
Height	Small Frame	Medium Frame		Height		Medium Frame	Large Frame
5'4"	117 - 138	1275 B 749 2	21324 16名	5 ' 0"	'96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4 "	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5 ' 11"	144 - 169	150 - 183	160 - 198	5 ' 7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6 ' 1"	152 - 179	158 - 194	169 - 209	5 ' 9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6 '4 "	. 169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6 ' 5"	174 - 204	182 - 222	192 - 238				

4.	Examinee's frame is small medium large
	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
6.	Under proper medical supervision, employee should lose pounds
Do	gainpounds
ĸe	marks:

Signature of Medical Examiner

Date

n sur ye

EMPLOYMENT AGREEMENT

As consideration for employment in the Federal Bureau of Investigation (FBI), United States Department of Justice, and as a condition for continued employment, I hereby declare that I intend to be governed by and I will comply with the following provisions:

- (1) That I am hereby advised and I understand that Federal law such as Title 18, United States Code, Sections 793, 794, and 798; Order of the President of the United States (Executive Order 11652); and regulations issued by the Attorney General of the United States (28 Code of Federal Regulations, Sections 16.21 through 16.26) prohibit loss, misuse, or unauthorized disclosure or production of national security information, other classified information and other nonclassified information in the files of the FBI;
- (2) I understand that unauthorized disclosure of information in the files of the FBI or information I may acquire as an employee of the FBI could result in impairment of national security, place human life in jeopardy, or result in the denial of due process to a person or persons who are subjects of an FBI investigation, or prevent the FBI from effectively discharging its responsibilities. I understand the need for this secrecy agreement; therefore, as consideration for employment I agree that I will never divulge, publish, or reveal either by word or conduct, or by other means disclose to any unauthorized recipient without official written authorization by the Director of the FBI or his delegate, any information from the investigatory files of the FBI or any information relating to material contained in the files, or disclose any information or produce any material acquired as a part of the performance of my official duties or because of my official status. The burden is on me to determine, prior to disclosure, whether information may be disclosed and in this regard I agree to request approval of the Director of the FBI in each such instance by presenting the full text of my proposed disclosure in writing to the Director of the FBI at least thirty (30) days prior to disclosure. I understand that this agreement is not intended to apply to information which has been placed in the public domain or to prevent me from writing or speaking about the FBI but it is intended to prevent disclosure of information where disclosure would be contrary to law, regulation or public policy. I agree the Director of the FBI is in a better position than I to make that determination;
- (3) I agree that all information acquired by me in connection with my official duties with the FBI and all official material to which I have access remains the property of the United States of America, and I will surrender upon demand by the Director of the FBI or his delegate, or upon separation from the FBI, any material relating to such information or property in my possession;
- (4) That I understand unauthorized disclosure may be a violation of Federal law and prosecuted as a criminal offense and in addition to this agreement may be enforced by means of an injunction or other civil remedy.

I accept the above provisions as conditions for my employment and continued employment in the FBI. I agree to comply with these provisions both during my employment in the FBI and following termination of such employment.

Witnessed and accepted in behalf of the Director, FBI,

et 14, 19 73, by

luckel



REPORT OF PERFORMANCE RATING

Name of Employee:	NICHOLAS J. P	JRCHIA	#069-16-640	· 7
Where Assigned:	NEW YORK	. 22 A	INTERNAL SECURITY	
	(Division)		(Section, Unit)	
. Official Position Ti	tle and Grade: SI	PECIAL AGEN	T G	S-13
Rating Period: from	APRIL 1, 1973	3to	MARCH 31, 19	· 74
ADJECTIVE RATING:	EXCELLEN	,		= ====================================
Mark and any are	Outstanding, Ex	cellent, Satisfaçt	ory, Unsatisfactory	WF
Rated by:	Signafure 1	Bukil	SUPERVISOR	3/31/74
RAYMOND J. RUCKEZ. Reviewed by:	meph &	alu.	SPECIAL AGENT IN CHARGE	3/31/7 ¹ 4
JOSEPH V. BAKER Rating Approved by:	Signature Signature	Trals	Title Assistant Director Title	MAY 13 1974 Date
TYPE OF REPORT	,	REC-139	100° 10" 2 =	
Official X Annual	Administrative 60-Day 90-Day Transfer Separation Special	from Service	3	99-128 15 19/
d 1	•			_

44

10 MAY 161974



PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

CHECKLIST AND NARRATIVE COMMENTS
(For use as attachment to Performance Rating Form FD-185)

Name of EmployeeNICHOLAS J. PURCHIA #069-16-6407
Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.
RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.) + Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
Unsatisfactory rating must be supported in writing. O No opportunity to appraise. In other responses, use "X."
(Use INK for Checklist - DO NOT TYPE) RESPOND TO EVERY ITEM
1. Personal appearance.
2. Personality and effectiveness of his personal contacts. 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load
4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? Yes No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? Yes No. If answer to either is yes, explain.
5. Resourcefulness, ingenuity, and initiative. 6. Forcefulness and aggressiveness as required.
7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
8. Planning of work.
9. Accuracy and attention to pertinent detail. 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control. 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
12. Performance results (rate if applicable and mark others O) ———————————————————————————————————
SA PURCHIA is assigned to Section 3B10 which is responsible for the investigation of CPUSA. He is assigned both organizations and individuals affiliated with the Communist Party, and handles a large volume of complicated matters which he handles with a minimum of supervision. He is highly capable, conscientious, reliable and industrious agent.
He has participated in the Bureau's applicant recruitment
program.
Complexity of matters handled: None Moderate Most complicated
Degree of supervision required: Above average Average Minimum None
A. Is employee available wherever needs of service require for general assignment? Yes No Special assignment? Yes No B. Is employee qualified to operate a motor vehicle incidental to his official duties? Yes No If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Security
ADJECTIVE RATING: EXCELLENTEMPLOYEE'S INITIALS
(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)
13. Firearms. Check One:QualifiedQualified InstructorExpert
14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.
During rating period developed <u>o</u> informants; <u>Q</u> potential informants. Though he has not developed any informants in this rating period, he has handled an informant previously developed in a highly capable manner and has considered individuals interviewed during the course of his investigations for possible development.
15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
A. Reports;B. Memos, letters, wires.
16. Performance as a witness. During rating period; Based on past performance; No experience. 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline
applicable.) A. Leadership F. Devising procedures
B. Ability to handle personnelG. Promoting high morale
H. Getting results
D. Assignment of workI. Furthering equal employment opportunity
E. Training subordinates
18. Raids and dangerous assignments; A. As leader; E. As participant. 19. Miscellaneous. Specify and rate:
20. Police Instruction: Qualified Participated Audited
21. Foreign Language Ability: Proficient in
A. Conversation form Excellent Very Good Good Fair Unsatisfactory
B. Written form Excellent Very Good Good Fair Unsatisfactory
Frequencylanguage ability used during rating period Anticipated use during ensuing year
C. Completed Bureau Language School No Yes
Specify language(s)
22. Administrative Advancement: (Check block if not interested.) A. Yes No Agent is completely available for administrative advancement. B. Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
and appearance. C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding Explain if interested but not now qualified.
·
23. Number of Incentive Awards
Commendations received from Director: Individual Through Superior
Suggestions submitted If none, check block 🔀.
24. Disciplinary Action and Justification for any Unsatisfactory Items. None (List items taken into consideration on Checklist.)

FD-314 (Rev. 11-30-72) MAY 1962 EDITION GSA GEN, REG, NO. 27



UNITED STATES GOVERNMENT

Memorandum

	M
M	W

Director, FBI

(SUBMIT IN DUPLICATE)

DATE: 2/26/74

FROM

SA MICHOLAS J. PURCHIA
Social Security Number 069-16-6407

Office of assignment ____

SUBJECT: OFFICES OF PREFERENCE

Attention: ,Y

Data Processing Section

Please list my offices of preference as follows:

- 1. NEW YORK

b6 b7C

Y RECORD

41- s

FD-277 (Rev. 3-7-72)
optional form no. 10

MAY 1962 EDITION
GSA GEN. REG. NO. 27

1974 55



UNITED STATES GOVERNMENT

Memorandum

то	: Director, FBI	DATE:	2/14/74
FROM	SAC NEW YORK	Attention:	Personnel Section
SUBJEC	OT: NICHOLAS JOHN PURCHIA SPECIAL AGENT PHYSICAL EXAMINATION		
	IIIID LOAD DARRINALION		
	Remylet Rebulet	-•	
- n		- •	
	physical examination <u>of 1/4/74</u> ntal work was completed on <u>January 1974</u>		
	ion has been corrected to		
	by (date)by(name of person giving instru		that he can operate a Bureau car
an 1:		ction)	
	y when wearing the necessary glasses. Sults of chest X ray patch test urinalysis serol	ngy were neg	rative.
	closed physician's statement indicates he is qualified for strenu	-	
	closed are paid unpaid medical bills.		
	ached are Bureau of Employees' Compensation forms		
X Phy	ysical examination reports are enclosed.		Windson of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro
Em	ployee is scheduled for physical examination on		MODE PROPERTY OF THE PARTY OF T
Phy	sical examination report has been reviewed and initialed.		HOLD PROPERTY.
	ployee returned to active duty		
	ployee's physical condition is		•
	CB he is being removed from limited duty.		
_	CB he is being placed on limited duty.		
	employee is a Resident Agent, is there a sufficient amount of n		
	e sufficient agents available to handle emergency assignments.		
im	mediately submit your recommendation for the return of this age	nt to headqu	arters city.
D	, L		
Remark	Flat feet, asymptomatic.		
	Blood pressure 160/98, 160/98	3, 160/9	98. Rechecked by
	Dr. DURAN as 150/90, 150/90, 150/92	. SA c	ontinues to see
•	Dr. ROBERT PONTONE for periodic chec	ckups a	nd blood pressure is
•	evaluated as no cause for concern. Health Service as 150/88.	BTOOG !	pressure rechecked in
•	EKG - reflects slight left at	trial e	nlargement. Dr DIIRAM
;	advised no follow-up necessary.	CTTOT C	TTGT SCHOOL DI. DOLMIN
C	D- Bureau 2 Engine 10		
	l - New York		-7777

REPORT OF MEDICAL EXAMINATEN

nteragei PMR 1	ncy Confin. on Med 01-11.809-3	dical Records	REPORT	OF MEDICAL	EXAMINAT:	N	2	71 736
	T NAME-FIRST NA	ME-MIDDLE NAME	•	- 3	2. GRADE AND COMPON	ENT OR POSITION	3. IDENTIFICA	ATION NO.
P	URCHIA	7 NICI	IDIAS	TAHN	SPECIAL	AGENT		
4. HOM	IE ADDRESS (Numbe	er, street or R.F.D. ci	ly or town, State and	ZIP Code)	5. PURPOSE OF EXAMINA	ATION	6. DATE OF	EXAMINATION
		.,	., .,,		- ANNUA	L PHYSIC	<i>:</i> 44	
	**************************************	**************************************					DEC 1	8 1974
7. SEX			· · · · · · · · · · · · · · · · · · ·		10. AGENCY	11. ORGANIZATION		
n	_	C	9. TOTAL YEARS GO	OVERNMENT SERVICE	- C. AGENCI	11. ORGANIZATION		
		r		CIVILIAN	FB1			
12. DAT	TE OF BIRTH	13. PLACE OF BIRT	Н		14. NAME, RELATIONSHI	P. AND ADDRESS OF	NEXT OF KIN	
_	1 - 1							
<u>୪</u>	128/13	I YEW Y	ORK, MEI	NYORK		OUTPATIBLE	IT CLIMIC	
15. EXA	MINING FACILITY O	R EXAMINER, AND A	DDRESS		16. OTHER INFORMATION	OUTPATION LEST HOUST	N STREET	
1157	URLIC HIS	AITH OH	SW. HOUST	ON ST., 144C		EST HOUST	10014	
17. RAT	ING OR SPECIALTY	112.11.	<u> </u>	11 311) 11	TIME IN THIS CAPACITY	YORK, NEW.	LAST SIX MON	ITHS
	ì				NEW T	KOKIA .	- 1	•
	CLINICA	L EVALUATION		OTES. (Describe ever	y abnormality in detail	I Enter perting	ant item numbu	r helore each
NOR-				comment. C	ontinue in item 73 and	use additional	shoots if necesse	iry.)
MAL		m in appropriat NE'' it not evalue	rted.) MAL	10/0	_ ••			
X	18. HEAD, FACE, NE	CK. AND SCALP			Jaundice			
X	19. NOSE				 Diverticulos 	-		
X	20. SINUSES				· Hermorrhoid			
X	21. MOUTH AND T			1974 -	Treated for	stomack g	all bladd	er and
X	22. EARS-GENERA	(Int. & ext. canals) acusty under items 7	(Auditory 0 and 71)		G.I. testa s	_	•	
х	23. DRUMS (Perfor				- •			
X	24. EYES—GENERA	(Visual acuity and s under items 59, 60 a	refraction					
x	25. OPHTHALMOSC		na 67)					
	26. PUPILS (Equal							
X			lel mores		•			
x _		ITY (Associated paral ments, nystaomus)						
X		EST (Include breasts						
X	29. HEART (Thrust	l, size, rhythm, soun	ds)	•				
X	30. VASCULAR SYS	TEM (Varicosities, et	c.)					
х	31. ABDOMEN AND	VISCERA (Include he	ernia)					
x	32. ANUS AND RECT	TUM (Hemorphoids, fis	tular)					
x		STEMO:		i ballement jed	en ili Simelli Pedace Gio.	ي الله مه آن	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
X	34. G-U SYSTEM							
X	35, UPPER EXTREM	ILTIES (Strength, range	· of	್ ಎಚ್ ರಿ ಸ್ಥಾಪಕ್ಕ	eral Miller 11 77	11:5.57-8	077.00	234
	36. FEET	- motion)			139 61-4	131		24
X		ATTICE (Except feet)			fordyw 1	7 *****	bered	-
x		MITIES (Except feet) (Strength, range)	of motion)			O FEB 1	L8 1975	,
X		MUSCULOSKELETAL		3 4 3 4 2 d	67.00	O LED 7	1010	3 1
NE		DDY MARKS, SCARS, 1	TATTOOS	و به ت ند	(i) 31	\bigcap	Company of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Par	A CALLED
X	40. SKIN, LYMPHA	TICS				W.		
X	41. NEUROLOGIC (Equilibrium tests under	ilem 72)		73 Ed Xd	EL PER L		
X	42. PSYCHIATRIC (Specify any personality	deviation)	1	J. Fr.	10		
	43. PELVIC (Femal	les only) (Check how	done) (st. s. 31)	BRIBATA		- ,	v	
		VAGINAL	. 1 1	EINTERNA	(Continue	in item 73)		
44. DE	NTAL (Place abbro			ive or below number of			AND ADDITIONAL I	DENTAL
	1 11 1	1		v v v	7	DEFECTS A	AND DISEASES	
<u>1</u> 32	2 3 Restorable 31, 30 teeth	1 2 3 race	Von- vorable 1 2	$\frac{3}{9}$ Missing $\frac{\hat{1}}{32}$ $\frac{\hat{2}}{31}$ $\frac{\hat{3}}{30}$	hv + + + + + + + + + + + + + + + + + + +	Fixed Partial		
	X X Keein		ceth 32 31 3	0 teeth 32 31 30 x x x x		entures		
R	1 2 3	4 5 6		9 10 11 12	13 14 15 16	E	•	
Ġ - H T	32 31 30	29 28 27	26 25	24 23 22 21	/ 20 19 π 18 · 17	- F		
<u> T</u>	<u> </u>		l l		(/ x)	ζ Τ -)	r, a 4	15.7
	.3%.			LABORATORY FINE	INGS	1 16 2	, a	البيعا لمرواح
(5. UR	INALYSIS: A. SPECII	FIC GRAVITY	1.025	0-1	46. CHEST X-RAY (Pla	ce, date, film numb	er and result)	
3. ALB	UMIN	NEG	D. MICROSCOPIC	2-4 WBC	3.			ę. I
C. SUG	AR	NEG -	OCC EPI	CH ₂₀ ,	NORMAL CHI		2/18/74	
17. SEF	OLOGY (Specify tes		48. EKG	49. BLOOD TYPE AND RH	50. OTHER TESTS WBC	6,700		
r			SEE	RH POS	4	£	מייני דו	5.0°
V ĎR	י איסעי־סביע	OTTUE	#73		NEUT. 59		HCT.	
			11/3	TYPE - A	LYMPH. 38	MON. 0	2 HGB.	17.4 GMS
9	SFEB?	9 1076	1.1		,			88-116
,	س المساحدات الرس	7 151 9	01					Λ/
		•	~					$\sim v$

						M	EASURE	MENTS	AND O	THER	FINDING	38								
51. HEIGH	т ў 8''	. 52. WE	_{GHT} 182%		olor hai WN-GI		54. COL	OR EYES	' "	. BUILD	SLENDI	R	WEDI]ر אע	*HEA	/Υ [OBES	1	темрѐі 98	RATURE 6
57.				rm at heart i			<u></u>	58.				P	ULSE (Arm at	heart le	vel)		•		
A. SITTING	SYS.	REC	шм- 🗀	SYS. 140	T STANDI	NG DI	's. 130	4	TTING	B	. after 1	·		MIN. A	FTER	D. R	симвег 78		3 MIN.	TANDING
59.		DISTANT VIS			60.			REFRACT				,	61.			N	EAR VISI	ON		
RIGHT 20/	30		. TO 20/		BY		S.			C	×		10	x 0	CORR.	то 2	7 Y	12	BY TA	EGER
LEFT 20/	20		R. TO 20/		BY		S,			C				<u> </u>			7 X			#2
		Specify dis											10	A U			/ A	10		<u> 172</u>
ES°	0	EX°	,	·R. I	1.	ı	 н,		PRISM DI	v.			M CON	٧.			PC		PD	
63.	AC	COMMODAT	ION		64. COL	OR VISIO	ON (Test	used an	d result)			65. DE	PTH P	ERCEPT	ION		UNCOR	RECTE	D	
RIGHT		LEFT			T 5	SHIH	ΔΡΔ	_ 1	NORMA	Τ.		(2	Test us	ed and	score)		CORRE			
66. FIELD	OF VISION						M (Test			.11		68. RE	D LEN	S TEST					LAR TEN	ISION
					1	EE #	-													
70		HEARING							UDIONET			/		72 ,	SYCHOL	ocica	4410.00	VCHOL	IOTOR	
70		HEARING			71. A	co i o	RAM		UDIOMETE	77	2(18	74			Tests u			TCHOR	IOTOR	
RIGHT WV	15	/15 SV	30	/15		250 256	500 512	1000	2000 2048	3000	1000	6000 6144	8000 8192	ļ						
LÉFT WV	1,5	/15 SV	30	/15	RIGHT		5	5	10	45	35	45		4						
					LEFT		10	(10	15	25	30	75		1	· · · · · · · · · · · · · · · · · · ·		· · · · · · · ·			
73. NOTES	(Continu	ed) AND SIG	NIFICANT	r or interv	AL HISTOR	RY		<u></u>			•									
e de se	<i>‡</i> 71	- Aud	iogra	am: N	orma]	l fo	r spe	ech	. Ha	mi S	Lnime	ıl hi	.gh	fre	quen	су	loss		3	
~							-						_		•	•				
* 3	#48	- E.K	G ·	Left	atmis	1 e	nlard	reme	nt 1e	.cc 1	3 * Omc	nince	A +	'h an	in	19/	73			
	" .0			se NSC		41. C		5-111-		00) L Ome	unce		.man	LII	14/	,,,			
***		OCII	CIWI	SE MOO	•															
•																				
a						9														
*																				
**																				
po d																				
4.4							(Use	addition	ial sheets i	if necess	ary)									
74.×SUMM	ARY OF D	EFECTS AND	DIAGNOS	SES (List dia	gnoses w	ith item	numbers)												
**				`	•													.*		
• •										. 1		Star .		وستنا	ئن					
									4 . LV	, ,			. 1	• • • • • • • • • • • • • • • • • • • •	J -375		. 4,		ينا عوريا	
. ·											Same of a	اید بدا ده			•		· • · .	. 55		*
															W	-		`		
4.5									*		, e.l. (5).		-117							
ده						-	····		308V	٠.	والمدد									
75. RECOM	MENDATI	ONS-FURTH	IER SPEC	IALIST EXAM	INATIONS	INDICAT	ED (Spec	ify)						76.		A. F	HYSICAL	. PROF	LE ,	
														P	U		L.	н	E	S
												2-4	. 2 .							
77. EXAMI	NEE (Chec	:k)										۳.								
A. 🗗 is o	UALIFIED	FOR QUALIFIED F	or Or		· · · ,		ŧ	· -	-			fig.	۲۰		•	B, PH	YSICAL (ATEG	ORY	
78. IF NOT	QUALIFIE	D, LIST DIS	QUALIFYI	NG DEFECTS	BY ITEM	NUMBE	R						1-74		Α ''			С		ε
														<u></u>						
79. TYPED	79. TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE																			
80. TYPED	OR PRINT	ED NAME OF	PHYSIC	IAN						SIG	NATURE		,		7/	7				
	SI. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAM (Indicate which) SIGNATURE SIGNATURE SIGNATURE																			
81. TYPED				r or rhysici RBASH			ch)			SIG	MATURE	y vih	R	/	Sai	ba	ok	12.	: رکستار	
82, TYPED	OR PRUIT	ED NAME OF	REVIEW	ING OFFICER	OR APPRO	VING A	UTHORITY	′		SIG	MATURE	1/1	·			-		NU	MBER OF	AT-
_	JOHN	Ļ. J	EANN	ING OFFICER OPOULO	s, M.	D.	DIRE	CTO	R (4/	[<i>M]</i>	//						TAG	HED SH	EETS
	٠, 💌								-		487.2	7	Jan				1	کوی		s:04:/:=
												- 4						37 0 1	971 44	6-044/15
mar Nagara	.			` .					•	/ -		•)	

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Nar	ne of Examinee _	YURCHIA	<u> </u>	PHOLAS	VOHN	<u> </u>
(Type or print)		Last	First	Middle	
The	e following portion	ns of the attached ex	xamination report f	orm need not be c	ompleted:	
	3	9	62	69		
	4	11	65	72		
	8	14	67	76		
	•	17	68			
45,	any other applic	ant unless the exam	ining physician de	ems one, two, three	y applicants but not for see or all four of the ny current employee.	or
48.	Required for (1) examinees over	all Special Agent ar 35 years of age; (4)	oplicants; (2) all F any other where ex	BI National Acade camination indicat	emy applicants; (3) all es such as desirable.	Ĺ
71.	and Special Age	nts. Applicants for	the Special Agent	position will not	pecial Agent applican be accepted if the hea eech range (500, 100	aring
For Em	All Examinees, \ ployees:	Whether Clerical or S	Special Agent Appl	icants, National A	cademy Applicants, o	r
The	e medical examine	er should answer the	following question	ı:		
	Examine	e 🙀 is 🗀 is not	qualified for stren	uous physical exe	ertion.	
		•			, and National Acader	ny
1.	Does examinee ha	ave any defects rest ments which might e			n in defensive tactics	and
C	No Yes	If "yes" please spec	cify defects.	,		
wh 1.	o drive Bureau ve		aibiting safe operat		s, and other Employee	
2.	least 20/40 in on rective glasses w		the other, correcte tor vehicle? Y	ed or uncorrected. es Mo	stant vision must test Should examinee wes	
-			Westerd		-	
			A SAGINGAS	7 1116.15	99-1991	\
			16:	1 com 1 4 1 8 4 1	Ly f - frift	}/ V =

	DESIRABLE WEIGHT RANGES							
		MALES			F	MALES		
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame	
5'4"	117 - 138	123 - 149	131 - 163	5 ' 0"	96 - 114	101 - 124	109 - 138	
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141	
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144	
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149	
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152	
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156	
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161	
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165	
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169	
6'1"	152 - 179	158 - 194	169 - 209	5'9 "	126 - 149	132 - 162	141 - 174	
6'2"	156 - 184	163 - 199	174 - 215	5'10 "	130 - 154	136 - 166	145 - 179	
6 ' 3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185	
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190	
6'5"	174 - 204	182 - 222	192 - 238			,		
				a Black		•	^	
				OBI.				

4.	Examinee's frame is small medium arge
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory
6.	Under proper medical supervision, employee should lose pounds
	gainpounds
Re	marks:
_	

Dr Julia Bourne of Medical Examinet

FD-354 (Rev. 11-19-70) OPTIONAL FORM NO. 10 MAY 1982 EDITION GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

um

$\bigcap_{A} A$	Viem	orand
Toff m		DIRECTO
FROM		Č'A CI SATTO

R, FBI

SAC, NEW YORK

INTERVIEW OR REPORT RE SICK LEAVE

Reason

SUBJECT:

NICHOLAS J. SPECIAL AGENT

Captioned employee							ons of a	day	or môre	within	′six	months	or le	ess
on the dates set ou	t below and	has explained	these absenc	es a	s follows:	, ,	•				; -	, '', '.	. '	, ,

	The attendance record of captio	ned employee has previously	been brought to the B	ureau's áttention, ar	id this is a f	ollow-up
-	report. Since the last report to	the Bureau, the employee ha	s had the following illn	ess absences of a d	lay or more:	

Date		Reason			-	•	Dat
6/7/74		Stomach	diso	rder	71.3	2	٠,,
6/10-11/	74:	H	4- H	*}F*	. 16	2.7	• , •
6/13-14/	74	, 11	, in	, م	- ,	• ` .	()
6/18/74	• • • • • • • • • • • • • • • • • • • •	n i	, si	`	-		, ,
6/21/74	· 2	. " # " "	ii		ξ <i>Ψ</i> ,	4 4	

	, ,		. 5	٠,			
_	1 1	1977			. `		
Emi	Sinvee has	1911	hours	at sick	avnal	accmed	
	,			O1 31Ch	LCUIC	ucciocu.	٠

CHECK AND COMPLETE APPLICABLE ITEMS

_	Under a physician's care?		TO A TOTAL TO A STORAGE	NAME OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY		`	
	** . 1	T		MID - DIAMAT'	1 A 1 A DAMIE		~~~~
1 X I	linder a novsician's care é	יייו	ENDERNY ECHANIC	ואיט מייזעוו	IMILI FALK	. IVI IVI I	$\Theta \cap S \cap V$
	Onaca, a piny brotain b care :						
	99 - 11 - 1 ² - 1 - 1 - 1 - 1						

Employee was advised attendance would be followed.

Attitude of employee was excellent
Employee was referred to Health Service (where available) for assistance.

Communication previously submitted re employee's sick leave, dated

Work-record is **excellent**

Additional comments.

RECOMMENDATION(S)

					d as to require subm				
10	absences of	f a day or more	, and this will	be done, UACE.	Employee was advis	ed if absences n	ot supported by	doctor'	S ^ .
					leave accrued, leave				= ', a '
				The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon					•

[No action necessary; for information.] Follow up report will be submitted in 60 days.

New York (Personnel File of SA PURCHIA)

Interview conducted by (signature)

SUPERVISOR

Title

3-496 (Rev. 2-7-74)	-	PETIDEN	ENT INFO	DUATION			,
Name: Nicholas J.	. Purchia	RE I, I REM	ENT INFO	RMATION	9 e: 3	-4-75	, '
APPLICATION The "Application for The enclosed "Application Bureau for forwarding is for your records an	cation for Retiren to the Civil Serv dyou should det	ient" should be vice Commission	executed (or o 1 (CSC) for ap	changed as indi- proval. The inf	cated below) a	nd promptly retu	med to the
DEPOSIT OR REDEPOSI Making either a depose you have already made the fif so, you may ignore this make a deposit or redeposit. The deposit you may were withheld from so annuity will be reduced. The redeposit you may were withheld from you allowed in the computy you may owe is appro	sit or redeposit is e deposit or rede s matter now. If a sit, you should reduce is a paymentalary. Credit is ged each year by y owe is a paymental pur salary but latitation of annuity	posit indicated not, after a reviequest Bureau to to the retireme given for service 10% of the amount to the retirement to the retirement refunded to yet after the service of the retirement to the retirement to the refunded to yet refunded to yet after the service of the refunded to yet refunded to yet after the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service	below without ew of the appropriate of forward Stand nt fund to covered land due as depondent fund to country to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country fund to the country f	the Bureau's k roximate annuit dard Form 2803 er a period of s by deductions; sit. The amou- over a period of our separation	nowledge, hav y figures show to you. Retur ervice during nowever, if the nt you may ow service for we from civilian e	ing dealt directly n below, should n this form to the which no retireme e deposit is not p e is approximatel hich retirement d mployment. No d	y with CSC. you decide to e Bureau. ent deductions aid, your ly \$ eductions credit is
Annuities are computed year, moniknown to us, totalling prior service is creditable do not take account of deseparating from the Bureanotified FBI of the appro	e, advising you d duction for health au's rolls. Separa	irect the exact of the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the insurance cover the ins	amount of you erage. You sh	r annuity. 'I'he would receive th	figures below e first annuity	are only estimate check about 2 m	es, and they nonths after
TYPES OF ANNUITY Married applicants only Enduced Type of Ann to Spouse (See over, paragraph, Health Be	next to last	. 1607* - 1759*	With Deposit	Without Deposit	With Redeposit	Without Redeposit	With Deposit & Redeposit
Annuity Without Survi Unmarried applicants on	vor Benefit ly (Including Wic		ed)	\$	\$	\$	\$
Annuity without Surv	ivor Beņefit	\$\$		\$	\$	\$	\$
Reduced Annuity With Person having an Insura		\$ \$	5	\$	\$	\$	\$
Survivor Annuity (55% portion of your annuit			ity for each e	\$	\$	\$	\$,
SEPARATION FROM ROSince you will cease	LLS active duty c	eased active du	ty on 4-25	-75 your	annuity will o	commence 4-	26-75
immediately following the	e 🙉 cease activ	e duty date or [_	expiration of	of sick leave on			
earned through							iness
this may change the effect mediately of any such ch	Ifannuctive date of your	ial leave or sich retirement and	leave was or shorten your t	will be used b total length of s	y you subsequ ervice. Burea	ent to should be advis	sed im-
If retirement is for dition of any accrued s disability income is you receive for sick annuitant. Any such income tax-free until working. CSC will a	sability, separati ick leave, which not taxable; thus leave used prior exemption would you had drawn a dvise you of this or disability the	ever occurs late, you may be able to the date your terminate when a sanuity an ame amount.	r. Under Interlet to exclude the annuity commount reach nor count equal to the usion is not pour terms.	mal Revenue Se from Federal in enced, as well mal retirement a the retirement d ermissible. On	ervice regulation to the come tax liabiles as for annuity age. Thereafter eductions from the ce you have re	ons, some sick p lity all or a part received as a di c, this annuity wo a your salary whi received in annuit	ay and of the payments sability ould be Federal le you were y as much as
was deducted from your much was deducted. thirty calendar days Questions you may he Revenue Service. In assistance to you. Noto surviving spouse. You should send CSC Following your senar amount of \$	our salary for reti Only if you were prior to separatic ave as an annuita ternal Revenue P ote: You are rec In the usual cas over your signat	rement purposes incapacitated a purpose on for retirement untregarding you ublication. Compuired to file a Fe it is unlikely aure any change	s, you are subjund were grant might you que ur income tax prehensive Taederal gift tax any tax will be in address, se	ject to Federal ed extended sic alify for a "sick liability or priv ix Guide to U.S t return, Form 7 e payable; howe tting out your (Income Tax or the and/or annupay" exclusion ileges can be Civil Service 09, if you elever, a tax retucks (retiremen	n the rest. CSC vale leave for sick on for the leave for answered by the Retirement Benet a reduced annum must be filed. t) number.	vill advise how leave exceeding period. Internal efits, may be of lity with benefit
amount of 🍑 🕻	<u>en n</u>	a deduction for	rederai incon	ne tax nas been	made from thi	s estimate.	

*Based on 12-31-74 computation.

67-413797-130 ENCLOSURE

(over

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE					
Records show you elected Optional Insurance of \$10,000 and have Records show you declined Optional Insurance but are covered by	e Regular Ins v Regular Ins	surance o	s 34.	กักก	_•
I I Records show you waived both Regular and Ontional Incurance					-•
You may continue your group life insurance coverage following retire being required to undergo a physical examination. Conversion to an premium for a person of your age and class of risk. If you decide to					
reduced 75% (at 2% per month) by the time you reach age 68 years an	ree until you	reach age	65. At th	at time cove	erage will be
Insurance. The premium cost of Optional Insurance varies as to age to \$41.17 monthly for persons age 60 or over. Optional Insurance may 65 provided you keep Regular Insurance. To retain the Optional					
your annuity. You must have had Optional Insurance for all of your s or for 12 years immediately before your retirement. Optional Insurance lightly to continue it or if you do not wish Optional Insurance lightly to continue it or if you do not wish Optional Insurance.	arviaa durina	· which it	woo owail.	shia (Cina) -	00 1 1 /1000
crigible to continue it of it you do not wish Optional insurance to be	COnfinued to	A11 MAY 111	OILLO DOLLO	0~~ of amin 1	i 1 +: C -:
obo dia suit keep you tegulal insulance. Following retirement, no	uble indemni	ty benefit	s concerni	ng açcident	al death and
dismemberment no longer exist for either Regular or Optional Insuran You elected Optional Insurance on If you desire to w	ce.	rongo vo	n should a	shmit CD 17	C TC 1 *
o convers the Optional Insulance, subjuil in ambigue a signed s	tatement that	you want	to conver	t the Option	o. II you desire al Insurance to
an marviada poncy and wish to be informed now to do it.					
Note: If the annuity of an insured retired employee is terminated und life insurance coverage stops on the date of such termination,					
PESIGNATION OF BENEFICIARY, STANDARD FORM 54 FEDEDA	I EMDIUAGE	EC'CDOI	10 1 155 1	JOHNANCE	FILED:
No. Beneficiary will be in order of precedence used by U.S. Gove Yes; beneficiary designated as	rnment, i.e.,	(1) widow	or widow	er,(2) childr	en,(3) parents, etc.
This designation is being forwarded to CSC and it will remain val	id unless				•
changed or canceled. Contact CSC for any change desired follow FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM	ing retiremen	t.			
Records show you elected not to enroll.					
Records show you enrolled in the following plan:					
Government-wide Service Benefit Plan (Blue Cross - Blue Shi Government-wide Indemnity Benefit Plan (Aetna Life Insurance					
Comprehensive Medical Plan			ŧ		
Special Agents Mutual Benefit Association (SAMBA) (See info	rmation belo	w on SAM	BA Life In	surance)	
Unless you cancel your present health benefits enrollment, you will renrollment will be transferred to CSC. The cost of your share of the	emain under y	our healt	h benefits	plan after re	etirement, and your
Enrollment of an employee who dies while he is enrolled "for self and	l family" con	tinues for	his family	if at least	one femily manks
is entitled to an annuity as the survivor. If the survivor annuitant is	the only eligi	ble famil	y member,	the retireme	nt system will
automatically change the enrollment to "self only."					
The original of SF 2810, "Notice of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in Health Benefits Enrolledge of Change in	ment," will be	forwarde	q to hon p	y the Bureau	ı at a later date.
SAMBA LIFE INSURANCE - The life insurance you carry under SAMB	A'on yourself	and depe	endents wil	l continue i	n force until 1-10
or 7-10 coinciding with or next following the date of your retirement p	roviding you	pay the p	remium ser	ni-annually.	However, if
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuous	roviding you; surance ceas nue the protec	pay the pr es as of t ction bevo	remium sen he date yo ond this tin	ni-annually. ur separatio ne. vou mav	However, if n for retirement do so without a
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuous physical examination on you, your spouse, and children under age 21.	roviding you; surance ceas nue the protec	pay the pr es as of t ction bevo	remium sen he date yo ond this tin	ni-annually. ur separatio ne. vou mav	However, if n for retirement do so without a
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuous physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows:	roviding you surance ceas nue the protec You may ele	pay the present of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	remium sen he date yo ond this tin tinue to ag	ni-annually. ur separatio ne. vou mav	However, if n for retirement do so without a
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuous physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your	roviding you surance ceas ue the protection You may else	pay the pay the pay as as of the cition beyonect to condition decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decided to conditional decide	remium sen he date yo and this tin tinue to ag	ni-annually. ur separatio ne, you may ge 70 at grou	However, if n for retirement do so without a up rates 50% of the
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuous physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows:	roviding you surance ceas nue the protec You may ele	pay the pares as of the circumstance of the condition beyond the condition of the condition of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circums	remium sen he date yo ond this tin tinue to ag	ni-annually. ur separatione, you may ge 70 at grou	However, if n for retirement do so without a
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continue physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Semi-Annual Cost Amount Cost	roviding you; surance ceas nue the protec You may ele Spouse an Pre-retire	pay the pares as of the circumstance of the condition beyond the condition of the condition of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circumstance of the circums	remium sen he date yo and this tin tinue to ag n Amount Co	ni-annually. ur separatione, you may ge 70 at grou	However, if n for retirement do so without a up rates 50% of the Semi-Annual
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuty physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued at Retirement Semi-Annual Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25	surance ceas surance ceas nue the protec You may ele Spouse an Pre-retire Amount Spouse	pay the press as of totion beyonet to cond Childre	remium sen he date yo ond this tin tinue to ag Amount Co at Retir Spouse	ni-annually. ur separatio ne, you may ge 70 at grou ontinued ement	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuely sical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued at Retirement Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00	surance ceas surance ceas we the protect You may ele Spouse an Pre-retire Amount Spouse \$ 2,000	pay the pres as of tetion beyond the condition beyond the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the	remium sen he date yo ond this tin tinue to ag n Amount Co at Retir Spouse \$1,000	ni-annually. ur separatio ne, you may ge 70 at grou ontinued ement Child NONE	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuity physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued at Retirement Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00 10,000 \$ 5,000 \$ 20.00	surance ceas surance ceas surance ceas surance ceas You may ele You may ele Spouse on Pre-retire Amount Spouse \$ 2,000 4,000	pay the pres as of tetion beyone to cond Children Child St.,000 3,500	remium ser he date yo nd this tin tinue to ag n Amount Co at Retir Spouse \$1,000 2,000	ni-annually. ur separatio ne, you may ge 70 at grou ontinued ement Child NONE 1,750	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continute physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement	surance ceas surance ceas we the protect You may ele Spouse an Pre-retire Amount Spouse \$ 2,000	pay the pres as of tetion beyond the condition beyond the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the	remium sen he date yo ond this tin tinue to ag n Amount Co at Retir Spouse \$1,000	ni-annually. ur separatio ne, you may ge 70 at grou ontinued ement Child NONE	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continute the physical examination on you, your spouse, and children under age 21. If insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued at Retirement Cost \$ 3,000	surance ceas surance ceas when protect You may ele Spouse an Pre-retires Amount Spouse \$ 2,000 4,000 8,000	pay the press as of totion beyond the condition beyond the condition beyond the condition beyond the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition	remium ser he date yo nod this tinue to ag n Amount Co at Retir Spouse \$1,000 2,000 4,000	ni-annually. ur separatio ne, you may se 70 at grou ontinued ement Child NONE 1,750 1,750	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuely sical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued at Retirement Cost \$ 3,000	surance ceas surance ceas vou may ele Spouse an Pre-retire Amount Spouse \$ 2,000 4,000 8,000	pay the press as of totion beyond the condition beyond the condition beyond the condition beyond the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition	remium ser he date yo nod this tinue to ag n Amount Co at Retir Spouse \$1,000 2,000 4,000	ni-annually. ur separatio ne, you may se 70 at grou ontinued ement Child NONE 1,750 1,750	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continute the physical examination on you, your spouse, and children under age 21. If it is insurance on you, your spouse, and children as follows: Your Your Pre-retirement Amount Continued at Retirement Cost \$ 3,000	surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance Spouse an Pre-retire Amount Spouse \$ 2,000 4,000 8,000 10,000	pay the pres as of the constitution beyonet to constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the constitute the cons	remium ser he date yo nd this tin tinue to ag n Amount Co at Retir Spouse \$1,000 2,000 4,000 5,000	ni-annually. ur separatio ne, you may ge 70 at grou child Child NONE 1,750 1,750 NONE	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continue physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Amount Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00 10,000 \$ 5,000 \$ 20.00 12,000 \$ 6,000 \$ 25.75 15,000 \$ 7,500 \$ 33.50 20,000 \$ 10,000 \$ 48.00 23,000 \$ 11,500 \$ 58.50 30,000 \$ 17,500 \$ 87.50 If you desire to convert 50% of your present life insurance, write withing the property of the convert solution.	surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance spouse on Pre-retire Amount Spouse \$ 2,000 4,000 8,000 10,000 in 31 days be	pay the pres as of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	remium ser he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo	ni-annually. ur separatio ne, you may ge 70 at grou child Child NONE 1,750 1,750 NONE	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continue physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued at Retirement Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 12.25 8,000 \$ 4,000 15.00 10,000 5,000 20.00 12,000 6,000 25.75 15,000 7,500 33.50 20,000 10,000 48.00 23,000 11,500 58.50 30,000 15,000 75.00 35,000 17,500 87.50 If you desire to convert 50% of your present life insurance, write within 1325 G Street, Northwest, Washington, D. C. 20005. You may continuor next follows your attainment of age 70. You will be billed on a sen	surance ceas surance ceas when protect You may ele Spouse an Pre-retire Amount Spouse \$ 2,000 4,000 8,000 10,000 an 31 days be the coverani-annually be	pay the pes as of totion beyout to cond the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the conditi	remium ser he date yo nod this tinue to ag nod reminded in the serior spouse \$1,000 2,000 4,000 5,000 coverage to January 10 unuary 10 the serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior ser	ni-annually. ur separatio ne, you may te 70 at grou ontinued ement Child NONE 1,750 1,750 NONE erminates to or July 10 and July 10	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with Oth. At age 70, this
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continue physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 12.25 8,000 \$ 4,000 15.00 10,000 5,000 20.00 12,000 6,000 25.75 15,000 7,500 33.50 20,000 10,000 48.00 23,000 11,500 58.50 30,000 15,000 75.00 35,000 17,500 87.50 If you desire to convert 50% of your present life insurance, write withing you desire to convert 50% of your present life insurance, write withing the convert follows your attainment of age 70. You will be billed on a sen coverage will terminate and you may then convert the amount of life in	surance ceas surance ceas when protect You may ele Spouse an Pre-retire Amount Spouse \$ 2,000 4,000 8,000 10,000 an 31 days be the coverani-annually be	pay the pes as of totion beyout to cond the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyout the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the conditi	remium ser he date yo nod this tinue to ag nod reminded in the serior spouse \$1,000 2,000 4,000 5,000 coverage to January 10 unuary 10 the serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior serior ser	ni-annually. ur separatio ne, you may te 70 at grou ontinued ement Child NONE 1,750 1,750 NONE erminates to or July 10 and July 10	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with Oth. At age 70, this
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuely sical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 12.25 8,000 \$ 4,000 15.00 10,000 5,000 20.00 12,000 6,000 25.75 15,000 7,500 33.50 20,000 10,000 48.00 23,000 11,500 58.50 30,000 15,000 75.00 35,000 17,500 87.50 If you desire to convert 50% of your present life insurance, write within 1325 G Street, Northwest, Washington, D. C. 20005. You may continued on next follows your attainment of age 70. You will be billed on a sen coverage will terminate and you may then convert the amount of life in policy with The Prudential Insurance Company of America.	surance ceas surance ceas surance ceas You may ele You may ele Spouse an Pre-retire Amount Spouse \$ 2,000 4,000 8,000 10,000 in 31 days be ue this coverni-annually busurance carri	pay the press as of totion beyout to cond the condition beyond the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition between the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyond the condition beyon	remium ser he date yo he date yo mad this tinue to ag n Amount Coat Retir Spouse \$1,000 2,000 4,000 5,000 coverage f January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 January 10 Janu	ni-annually. ur separatio ne, you may the 70 at grou ontinued ement Child NONE 1,750 1,750 NONE erminates to or July 10 you and July 10 you and your	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with 0th. At age 70, this r spouse to a regular
or 7-10 coinciding with or next following the date of your retirement programmer for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuely sical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Amount at Retirement Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00 10,000 \$ 5,000 \$ 20.00 12,000 \$ 6,000 \$ 25.75 15,000 \$ 7,500 \$ 33.50 20,000 \$ 10,000 \$ 48.00 23,000 \$ 1,500 \$ 58.50 30,000 \$ 17,500 \$ 87.50 If you desire to convert 50% of your present life insurance, write withing the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance car Amount Spouse \$ 2,000 4,000 8,000 10,000 surance carriated with SAMI	pay the pres as of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	remium ser he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he he date yo he date yo he date yo he yo he date yo he yo he yo he yo he yo he yo he yo he yo he yo he yo he yo he yo he yo he yo h	ni-annually. ur separatio ne, you may ge 70 at grou child Child NONE 1,750 1,750 NONE erminates to or July 10 and July 11 you and you It to a regula	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with Oth. At age 70, this r spouse to a regular ar policy with
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuely physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Amount Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00 10,000 \$ 5,000 \$ 20.00 12,000 \$ 6,000 \$ 25.75 15,000 \$ 7,500 \$ 33.50 20,000 \$ 10,000 \$ 48.00 23,000 \$ 11,500 \$ 58.50 30,000 \$ 17,500 \$ 87.50 If you desire to convert 50% of your present life insurance, write with 1325 G Street, Northwest, Washington, D. C. 20005. You may continuor next follows your attainment of age 70. You will be billed on a sen coverage will terminate and you may then convert the amount of life in policy with The Prudential Insurance Company of America. At retirement the 50% of SAMBA Life Insurance that cannot be continue Prudential on you and your spouse, but not on the children. The premindividual policy at that time. You may make the necessary conversion.	syrance ceas surance ceas surance ceas surance may ele You may ele Spouse on Pre-retire Amount Spouse \$ 2,000 4,000 8,000 10,000 in 31 days be ue this coverni-annually be usurance carriated with SAMI ium will be the	pay the pres as of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	remium sen he date yo mad this tinue to ag n Amount Co at Retir Spouse \$1,000 2,000 4,000 5,000 coverage f January 10th AMBA on you converted if you an attention to the converted if you an attention to the converted if you an attention to the converted if you an attention to the converted if you an attention to the converted if you an attention to the converted if you an attention to the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the converted in the conver	ni-annually. ur separatio ne, you may ge 70 at grou child Child NONE 1,750 1,750 NONE erminates to or July 10 you and July 11 you and your I to a regula d your spou	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with 0th. At age 70, this r spouse to a regular ar policy with se applied for an
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuphysical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Amount Cost \$ 3,000	surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance carri spou se an Pre-retirer Amount Spou se \$ 2,000 4,000 8,000 10,000 an 31 days be surance carri surance carri surance with SAMI surance with SAMI surangement	pay the pres as of the same at through	remium ser he date yo md this tinue to ag n Amount Co at Retir Spouse \$1,000 2,000 4,000 5,000 coverage to January 10th MBA on your sif you and the neares	ni-annually. ur separatio ne, you may ge 70 at grou child Child NONE 1,750 1,750 NONE erminates to or July 10 you and July 10 you and your d to a regula d your spou t Prudential	However, if n for retirement do so without a ty rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with 0th. At age 70, this r spouse to a regular ar policy with se applied for an l Office.
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continue physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Amount Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00 10,000 \$ 5,000 \$ 20.00 12,000 \$ 6,000 \$ 25.75 15,000 \$ 7,500 \$ 33.50 20,000 \$ 10,000 \$ 48.00 23,000 \$ 11,500 \$ 58.50 30,000 \$ 17,500 \$ 87.50 If you desire to convert 50% of your present life insurance, write withing the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	syrance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas Spouse on Pre-retirer Amount Spouse \$ 2,000 4,000 8,000 10,000 an 31 days be the this cover ni-annually be surance carri ted with SAMI tum will be the on arrangement Long Term Di smemberment	pay the pres as of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	remium ser he date yo nod this tinue to ag nod this tinue to ag nod the serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious serious seriou	ni-annually. ur separatio ne, you may ge 70 at grou continued ement Child NONE 1,750 1,750 NONE erminates to or July 10 or and July 10 you and your d to a regula d your spou at Prudential l Income, Sa al Disability	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with the At age 70, this response to a regular ar policy with se applied for an Office. Alary Continuation of an and the Accident
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuely sical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00 10,000 \$ 5,000 \$ 20.00 12,000 \$ 6,000 \$ 25.75 15,000 \$ 7,500 \$ 33.50 20,000 \$ 10,000 \$ 48.00 23,000 \$ 11,500 \$ 58.50 30,000 \$ 15,000 \$ 75.00 35,000 \$ 17,500 \$ 87.50 If you desire to convert 50% of your present life insurance, write withing 1325 G Street, Northwest, Washington, D. C. 20005. You may continued or next follows your attainment of age 70. You will be billed on a sen coverage will terminate and you may then convert the amount of life in policy with The Prudential Insurance Company of America. At retirement the 50% of SAMBA Life Insurance that cannot be continued that the sum of the same rates and amounts to age 65. You may also specification at the same rates and amounts to age 65. You may also lide and Pension supplement). You may continue the Accidental Death, Differential on a the same rates and amounts to age 65. You may also specification at the same rates and amounts to age 65. You may also	syrance ceas surance ceas surance ceas surance ceas surance ceas surance ceas You may ele Spouse an Pre-retire Amount Spouse \$ 2,000 4,000 8,000 10,000 an 31 days be the this cover ani-annually be surance carri ted with SAMI tium will be the or arrangemen Long Term D Long Term D Long Term D continue the	pay the pres as of the string between the condition beyond the string between the condition between the coverage and the coverage coverage and permited the coverage coverage and the coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage coverage c	remium ser he date yo nod this tinue to ag nod this tinue to ag nod the serior spouse \$1,000 2,000 4,000 5,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,	ni-annually. ur separatio ne, you may ge 70 at grou ontinued ement Child NONE 1,750 1,750 NONE erminates to or July 10 or and July 10 you and your d to a regula d your spou at Prudential al Income, Signouse to a	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with 0th. At age 70, this r spouse to a regular ar policy with se applied for an 1 Office. I and Continuation y and the Accident ge 65 and your
or 7-10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuely physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Amount Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00 10,000 \$ 5,000 \$ 20.00 12,000 \$ 6,000 \$ 25.75 15,000 \$ 7,500 \$ 33.50 20,000 \$ 10,000 \$ 48.00 23,000 \$ 11,500 \$ 58.50 30,000 \$ 17,500 \$ 87.50 If you desire to convert 50% of your present life insurance, write withing 1325 G Street, Northwest, Washington, D. C. 20005. You may continue or next follows your attainment of age 70. You will be billed on a sen coverage will terminate and you may then convert the amount of life in policy with The Prudential Insurance Company of America. At retirement the 50% of SAMBA Life Insurance that cannot be continue Prudential on you and your spouse, but not on the children. The premindividual policy at that time. You may make the necessary conversions PECIAL ACCIDENT AND TRAVEL INSURANCE (SATI) If you are a member of SATI upon retirement, you cannot continue the and Pension Supplement). You may continue the Accidental Death, Di Indemnification at the same rates and amounts to age 65. You may also dependent children from age 1 to 19 (or 23 if full-time student.) Upon ment. You challed content Wight & Company who in turn will issue a	surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance care Amount Spouse \$ 2,000 4,000 8,000 10,000 sin 31 days be the this covera ni-annually be surance carri ted with SAMI ium will be the on arrangement so continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to continue to cont	pay the pres as of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	remium ser he date yo nod this tinue to ag nod this tinue to ag at Retir Spouse \$1,000 2,000 4,000 5,000 \$2,000 4,000 to verage to January 10th AMBA on your me cannot be ent book.	ni-annually. ur separatio ne, you may ge 70 at grou child Child NONE 1,750 1,750 NONE erminates to or July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July 10 or and July	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with 0th. At age 70, this r spouse to a regular ar policy with se applied for an Office. alary Continuation y and the Accident ge 65 and your by payroll allot- ment of age 65
or 7-10 coinciding with or next following the date of your retirement premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuely sical examination on you, your spouse, and children under age 21. If insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00 10,000 \$ 5,000 \$ 20.00 12,000 \$ 6,000 \$ 25.75 15,000 \$ 7,500 \$ 33.50 20,000 \$ 10,000 \$ 48.00 23,000 \$ 11,500 \$ 58.50 30,000 \$ 17,500 \$ 87.50 If you desire to convert 50% of your present life insurance, write with 1325 G Street, Northwest, Washington, D. C. 20005. You may continue or next follows your attainment of age 70. You will be billed on a sen coverage will terminate and you may then convert the amount of life in policy with The Prudential Insurance Company of America. At retirement the 50% of SAMBA Life Insurance that cannot be continue Prudential on you and your spouse, but not on the children. The premindividual policy at that time. You may make the necessary conversion SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI) If you are a member of SATI upon retirement, you cannot continue the and Pension Supplement). You may continue the Accidental Death, Di Indemnification at the same rates and amounts to age 65. You may also dependent children from age 1 to 19 (or 23 if full-time student.) Upon ment. You should contact Wright & Company who in turn will issue a	spouse on Pre-retirer Amount Spouse \$ 2,000 4,000 8,000 10,000 10,000 fin 31 days be the this coverni-annually because of the perman spouse of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of the Perman of	pay the press as of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	remium ser he date yo nod this tinue to ag nod this tinue to ag at Retir Spouse \$1,000 2,000 4,000 5,000 \$1,000 \$2,000 4,000 \$1,000 \$2,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,	ni-annually. ur separatio ne, you may ge 70 at grou continued ement Child NONE 1,750 1,750 NONE erminates to or July 10 or and July 10 you and your t to a regula d your spou at Prudential dl Income, Sa al Disability spouse to a e withheld to portion to	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with the At age 70, this response to a regular ar policy with se applied for an Office. Alary Continuation of an and the Accident ge 65 and your many payroll allotment of age 65 a maximum of
or 7-10 coinciding with or next following the date of your retirement premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuly physical examination on you, your spouse, and children under age 21. If insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Amount Continued Amount at Retirement Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00 10,000 \$ 5,000 \$ 20.00 12,000 \$ 6,000 \$ 25.75 15,000 \$ 7,500 \$ 33.50 20,000 \$ 10,000 \$ 48.00 23,000 \$ 11,500 \$ 58.50 30,000 \$ 15,000 \$ 75.00 35,000 \$ 17,500 \$ 87.50 If you desire to convert 50% of your present life insurance, write withing the your point of age 70. You will be billed on a sen coverage will terminate and you may then convert the amount of life in policy with The Prudential Insurance Company of America. At retirement the 50% of SAMBA Life Insurance that cannot be continued by the policy at that time. You may make the necessary conversions of Pecial Accidental Death and Pension Supplement). You may continue the Accidental Death, Different Individual policy at that time. You may make the necessary conversions of Pecial Accidental Death, Different Individual policy at the same rates and amounts to age 65. You may also dependent children from age 1 to 19 (or 23 if full-time student.) Upon ment. You should contact Wright & Company who in turn will issue a you may only continue the Accidental Death and Dismemberment but not a continue the Accidental Death and Dismemberment but a you may only continue the Accidental Death and Dismemberment but not a continue the Accidental Death and Dismemberment but a you may only continue the Accidental Death and Dismemberment but not a policy and an approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and appro	surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance carri Spouse an Pre-retirer Amount Spouse \$ 2,000 4,000 8,000 10,000 an 31 days be surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri surance carri	pay the pies as of testion beyonet to condide the Child \$1,000 3,500 NONE fore your age until asis on Jesed with Sa may be a same at through is ability and Pem ur premiur payment Total sand. Ut	remium ser he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he he date yo he he date yo he he date yo he he date yo he he date yo he he date yo he date yo he he date yo he date yo he he date yo he he date yo he he date yo he he date yo he he date yo he he date yo he he date yo he he date yo he he date yo he he date yo he he date yo he he date yo he he date yo he he date yo he he date yo he he he he he he he he he he he he he	ni-annually. ur separatio ne, you may ge 70 at grou ge 70 at grou ge 70 at grou ge 70 at grou ge 70 at grou ge 70 at grou ge 70 at grou ge 70 at grou none NONE 1,750 1,750 NONE erminates to or July 10 gou and July 10 gou and July 10 gou and your lt to a regula d your spou at Prudential al Income, Sa al Disabilia gour spous to portion to go portion to go the of an ins	However, if n for retirement do so without a ty rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with bth. At age 70, this r spouse to a regular ar policy with se applied for an 1 Office. alary Continuation y and the Accident ge 65 and your by payroll allot- ment of age 65 a maximum of ured employee.
or 7-10 coinciding with or next following the date of your retirement progremium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continually physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00 10,000 \$ 5,000 \$ 20.00 12,000 \$ 6,000 \$ 25.75 15,000 \$ 7,500 \$ 33.50 20,000 \$ 10,000 \$ 48.00 23,000 \$ 11,500 \$ 58.50 30,000 \$ 17,500 \$ 87.50 If you desire to convert 50% of your present life insurance, write within 1325 G Street, Northwest, Washington, D. C. 20005. You may continued or next follows your attainment of age 70. You will be billed on a sencoverage will terminate and you may then convert the amount of life in policy with The Prudential Insurance Company of America. At retirement the 50% of SAMBA Life Insurance that cannot be continue Prudential on you and your spouse, but not on the children. The premindividual policy at that time. You may make the necessary conversion SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI) If you are a member of SATI upon retirement, you cannot continue the and Pension Supplement). You may continue the Accidental Death, Di Indemnification at the same rates and amounts to age 65. You may als dependent children from age 1 to 19 (or 23 if full-time student.) Upon ment. You should contact Wright & Company who in turn will issue a you may only continue the Accidental Death and Dismemberment but me \$25,000 on you and your spouse to age 75. The cost will be 19¢ per me the insured spouse and dependent children may continue the insurence and the continued after age 65. If you retire due to disability and below the continued after age 65. If you retire due to disability and below the continued after age 65. If you retire due to disability and below the propessor and dependent children may continue the continued after age	surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas Amount Spouse \$ 2,000 4,000 8,000 10,000 and 31 days be ue this cover annually be surance carri surance carri and with SAMI ium will be the arrangement the arrangement the continue the retirement yo monthly premot the Perman onth per thouse until age 6	pay the pres as of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	remium ser hen date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date you he date you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you are the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young th	erminates to or July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and Ju	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with oth. At age 70, this r spouse to a regular ar policy with se applied for an 1 Office. alary Continuation y and the Accident ge 65 and your by payroll allot- ment of age 65 a maximum of und employee, mnification can-
or 7-10 coinciding with or next following the date of your retirement premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continuly physical examination on you, your spouse, and children under age 21. If insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Amount Continued Amount at Retirement Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00 10,000 \$ 5,000 \$ 20.00 12,000 \$ 6,000 \$ 25.75 15,000 \$ 7,500 \$ 33.50 20,000 \$ 10,000 \$ 48.00 23,000 \$ 11,500 \$ 58.50 30,000 \$ 15,000 \$ 75.00 35,000 \$ 17,500 \$ 87.50 If you desire to convert 50% of your present life insurance, write withing the your point of age 70. You will be billed on a sen coverage will terminate and you may then convert the amount of life in policy with The Prudential Insurance Company of America. At retirement the 50% of SAMBA Life Insurance that cannot be continued by the policy at that time. You may make the necessary conversions of Pecial Accidental Death and Pension Supplement). You may continue the Accidental Death, Different Individual policy at that time. You may make the necessary conversions of Pecial Accidental Death, Different Individual policy at the same rates and amounts to age 65. You may also dependent children from age 1 to 19 (or 23 if full-time student.) Upon ment. You should contact Wright & Company who in turn will issue a you may only continue the Accidental Death and Dismemberment but not a continue the Accidental Death and Dismemberment but a you may only continue the Accidental Death and Dismemberment but not a continue the Accidental Death and Dismemberment but a you may only continue the Accidental Death and Dismemberment but not a policy and an approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and approach and appro	surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas Amount Spouse \$ 2,000 4,000 8,000 10,000 and 31 days be ue this cover annually be surance carri surance carri and with SAMI ium will be the arrangement the arrangement the continue the retirement yo monthly premot the Perman onth per thouse until age 6	pay the pres as of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	remium ser hen date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date you he date you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you are the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young th	erminates to or July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and Ju	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with oth. At age 70, this r spouse to a regular ar policy with se applied for an 1 Office. alary Continuation y and the Accident ge 65 and your by payroll allot- ment of age 65 a maximum of und employee, mnification can-
or 1-10 coinciding with or next following the date of your retirement progremium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to continually physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 12.25 8,000 \$ 4,000 15.00 10,000 5,000 20.00 12,000 6,000 25.75 15,000 7,500 33.50 20,000 10,000 48.00 23,000 11,500 58.50 30,000 17,500 87.50 35,000 17,500 87.50 If you desire to convert 50% of your present life insurance, write withing the coverage will terminate and you may then convert the amount of life in policy with The Prudential Insurance Company of America. At retirement the 50% of SAMBA Life Insurance that cannot be continually pour are a member of SATI upon retirement, you cannot continue the and Pension Supplement). You may continue the Accidental Death, Dindemnification at the same rates and amounts to age 65. You may also dependent children from age 1 to 19 (or 23 if full-time student.) Upon ment. You should contact Wright & Company who in turn will issue a you may only continue the Accidental Death, Dindemnification at the same rates and amounts to age 65. You may also dependent children from age 1 to 19 (or 23 if full-time student.) Upon ment. You should contact Wright & Company who in turn will issue a you may only continue the Accidental Death and Dismemberment but \$25,000 on you and your spouse to age 75. The cost will be 19¢ per in the insured spouse and dependent children may continue their insurance to continue dater age 65. If you retire due to disability and below 1222, 1001 Connecticut Avenue, N. W., Washington, D. C. 20036.	surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance ceas Amount Spouse \$ 2,000 4,000 8,000 10,000 and 31 days be ue this cover annually be surance carri surance carri and with SAMI ium will be the arrangement the arrangement the continue the retirement yo monthly premot the Perman onth per thouse until age 6	pay the pres as of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	remium ser hen date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date you he date you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you are the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young th	erminates to or July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and Ju	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with oth. At age 70, this r spouse to a regular ar policy with se applied for an 1 Office. alary Continuation y and the Accident ge 65 and your by payroll allot- ment of age 65 a maximum of und employee, mnification can-
or '10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to contine physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued at Retirement Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00 10,000 \$ 20.00 12,000 \$ 6,000 \$ 25.75 15,000 \$ 7,500 \$ 33.50 20,000 \$ 10,000 \$ 48.00 23,000 \$ 11,500 \$ 58.50 30,000 \$ 17,500 \$ 87.50 If you desire to convert 50% of your present life insurance, write with 1325 G Street, Northwest, Washington, D. C. 20005. You may continue or next follows your attainment of age 70. You will be billed on a sen coverage will terminate and you may then convert the amount of life in policy with The Prudential Insurance Company of America. At retirement the 50% of SAMBA Life Insurance that cannot be continue Prudential on you and your spouse, but not on the children. The prem individual policy at that time. You may make the necessary conversic SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI) If you are a member of SATI upon retirement, you cannot continue the and Pension Supplement). You may continue the Accidental Death, Dindemnification at the same rates and amounts to age 65. You may ald dependent children from age 1 to 19 (or 23 if full-time student.) Upon ment. You should contact Wright & Company who in turn will issue a you may only continue the Accidental Death and Dismemberment but a yes, so you and your spouse to age 75. The cost will be 19¢ per not be continued after age 65. If you retire due to disability and below 1222, 1001 Connecticut Avenue, N. W., Washington, D. C. 20036. ENCLOSURE	syrance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance may ele You may ele You may ele Spouse an Pre-retirer Amount Spouse \$ 2,000 4,000 8,000 10,000 in 31 days be the this coverani-annually be surance carriated with SAMI ium will be the on arrangement continue the retirement you monthly premote the Permanenth per thouse until age 6 age to SATI, you	pay the pres as of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	remium ser hen date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date you he date you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you are the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young th	erminates to or July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and Ju	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with oth. At age 70, this r spouse to a regular ar policy with se applied for an 1 Office. alary Continuation y and the Accident ge 65 and your by payroll allot- ment of age 65 a maximum of und employee, mnification can-
or '10 coinciding with or next following the date of your retirement premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to conting physical examination on you, your spouse, and children under age 21. life in surance on you, your spouse, and children under age 21. life in surance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued at Retirement Cost \$ 3,000	syrance ceas surance ceas surance ceas surance ceas surance ceas surance ceas surance may ele You may ele You may ele Spouse an Pre-retirer Amount Spouse \$ 2,000 4,000 8,000 10,000 in 31 days be the this coverani-annually be surance carriated with SAMI ium will be the on arrangement continue the retirement you monthly premote the Permanenth per thouse until age 6 age to SATI, you	pay the pres as of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	remium ser hen date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date you he date you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you are the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young th	erminates to or July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and Ju	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with oth. At age 70, this r spouse to a regular ar policy with se applied for an 1 Office. alary Continuation y and the Accident ge 65 and your by payroll allot- ment of age 65 a maximum of und employee, mnification can-
or '10 coinciding with or next following the date of your retirement p premium for this coverage is withheld by payroll allotment, the life in becomes effective, with a 31-day grace period. If you desire to contine physical examination on you, your spouse, and children under age 21. life insurance on you, your spouse, and children as follows: Your Pre-retirement Amount Continued at Retirement Cost \$ 3,000 \$ 1,500 \$ 3.25 7,000 \$ 3,500 \$ 12.25 8,000 \$ 4,000 \$ 15.00 10,000 \$ 20.00 12,000 \$ 6,000 \$ 25.75 15,000 \$ 7,500 \$ 33.50 20,000 \$ 10,000 \$ 48.00 23,000 \$ 11,500 \$ 58.50 30,000 \$ 17,500 \$ 87.50 If you desire to convert 50% of your present life insurance, write with 1325 G Street, Northwest, Washington, D. C. 20005. You may continue or next follows your attainment of age 70. You will be billed on a sen coverage will terminate and you may then convert the amount of life in policy with The Prudential Insurance Company of America. At retirement the 50% of SAMBA Life Insurance that cannot be continue Prudential on you and your spouse, but not on the children. The prem individual policy at that time. You may make the necessary conversic SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI) If you are a member of SATI upon retirement, you cannot continue the and Pension Supplement). You may continue the Accidental Death, Dindemnification at the same rates and amounts to age 65. You may ald dependent children from age 1 to 19 (or 23 if full-time student.) Upon ment. You should contact Wright & Company who in turn will issue a you may only continue the Accidental Death and Dismemberment but a yes, so you and your spouse to age 75. The cost will be 19¢ per not be continued after age 65. If you retire due to disability and below 1222, 1001 Connecticut Avenue, N. W., Washington, D. C. 20036. ENCLOSURE	syrance ceas surance care Amount Spouse \$ 2,000 4,000 8,000 10,000 an 31 days be surance carri surance carri and with SAMI ium will be the surance carri and with SAMI ium will be the continue the retirement you monthly prem of the Perman onth per thou se until age 6 ag to SATI, you ent Compensa	pay the pres as of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	remium ser hen date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date yo he date you he date you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you and the neares are the you are the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young th	erminates to or July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and July 10 and Ju	However, if n for retirement do so without a up rates 50% of the Semi-Annual Cost \$ 2.25 8.00 16.00 20.00 SAMBA, Suite 750, which coincides with oth. At age 70, this r spouse to a regular ar policy with se applied for an 1 Office. alary Continuation y and the Accident ge 65 and your by payroll allot- ment of age 65 a maximum of und employee, mnification can-

< < ,

ADDITIONAL INFORMATION ·

SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIRED

(cation for retirement

(To be completed by ncy employing office and attached to employee's

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

	A. IDENTIFICATION OF APPLICANT										
1. NAME OF	APPLICANT (Last, I	irst, Middle)		2. DATE C	OF BIRTH (Mo	nth, Day, Year)	3. SOCIAL SECURI NUMBER	TY ACCOUNT			
PURC	CHIA, NICH	OLAS JOHN				8-13	069 16	6407			
		B. INFORMATION	CONCERNING ADDITION	NAL CREDITA	BLE CIVILIAN S	ERVICE, IF ANY					
(Month) (I	COMPUTATION DATE Day) (Year) 0-41	CIVIL SERVI	RSONNEL FOLDER. C CE RETIREMENT CO rement system for Fe	ONTRIBUTIO	ONS (Includi	ng Federal se mbia employee	mviae economed by ac	OT COVERED BY cial security or			
INCLUDIN	IF ANSWER IN ITEM 2 IS YES, COMPLETE SCHEDULE BELOW TO SHOW SERVICE VERIFIED BY OFFICIAL DOCUMENTS IN PERSONNEL FOLDER, INCLUDING THE EFFECTIVE DATE AND RATE OF EACH PAY CHANGE. UNDER "REMARKS" SHOW ANY PERIOD OF LEAVE WITHOUT PAY, TIME ACTUALLY WORKED IF EMPLOYMENT WAS INTERMITTENT, OR TOUR OF DUTY IF EMPLOYMENT WAS PART TIME WITH A REGULAR TOUR OF DUTY.										
retirement.	IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is NOT acceptable for retirement purposes. If employee claims civilian service NOT verified by official personnel documents, do not delay submission of application for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment, and agency name including bureau and division.										
EFFECTIVE DATE	ACTION	BASE PAY	FEDERAL AGENCY			NT SYSTEM	REMA	RKS			
12-9-46	Appointed		FBI		CS	(Re	tirement de began)	ductions			
4-25-75	Ret. Lib.				•	,	,	-			
,			A .	` ,			, s				
		,		``		, ,					
					,	•	N _n s				
TOTAL	VERIFIED (civilian si	ERVICE 28-	4-17	FOTAL		FIED CIVII SERVICE 0-				
	,	*	, `		, .	*	**************************************	,			
		C. INFORMATION CON	CERNING CREDITABLE A	AILITARY SEI	RVICE (If claim	ed by applica	nt)				
A COPY	CANT CLAIMS RETIR OF OFFICIAL MILITA FION FOR RETIREMEN	RY DISCHARGE CER	R MILITARY SERVICE TIFICATE ATTACHED	TO NO	OTE: A militar irement is acc d character of d	eptable only if i	tificate submitted wit it shows specific dates	h application for of active service			
FOR VE	CANT HAS NOT ATT. ABLE MILITARY SERV TERANS PREFERENC MENT TO VERIFY SER	OF OR OTHER PURP	NGES COMBLETE S	CHECHIE	sy prior comp	arrson with off	icial military discha				
not acceptat	F 144, Statement of Prio	or Federal Civilian or M ses.	ilitary Service, or comp	parable docui	ment containing	g applicant's uny	erified allegation of mi	litary service, is			
FROM	то	BRAN	CHAR/	ACTER OF I	DISCHARGE .		TIME LOST, IF ANY				
3-21-41	5-9-46	U. S. Arı	ny Ho	norabl	e 🗸	None		, x			
TOTAL	VERIFIED 1	MILITARY S	SERVICE 5-	1-19	TOTAL		FIED MILI VICE 0-0-0	TARY			
3. IS APPLIC	CANT IN RECEIPT OF I	MILITARY RETIRED P	AY?	i milita	RY SERVICE	FOR CIVIL S	MILITARY RETIRED I ERVICE RETIREMEN bchapter S8-5f.)	PAY TO CREDIT NT? (See FPM			
Yes.	Attach a copy of appli-	cant's military retired p	oay order, <u>if available.</u>		waiver, <u>if a</u>	of military finar	nce center letter to emp	loyee accepting			
CSC 1084		AICO 4	OMDIETE AND CERTIF	V OTHER CIT		ses where waiver		7 our			
May 1971											

D. TYPE OF IMMEDIATE RETIREMENT

1. AGE • Enter date that notice of mandatory separation wa	s given to employee(Date)								
2. POPTIONAL (Voluntary) • If retirement is under special provision for law end	orcement employees, <u>attach</u> agency head's recommendation.								
— DICCONTINUED	ration and copies of all relevant documents exchanged with employee.								
Prepare two copies of SF 2801-C, transmittal of me	dical documents, according to instructions on SF 2801-C.								
4. DISABILITY • Attach Duplicate copy of SF 2801-C to this form for	r submission with application for retirement, SF 2801.								
	uments to civil service commission office having medical jurisdiction over disability								
retirement from the applicant's place of employment.									
	SURANCE AND HEALTH BENEFITS STATUS								
1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVEF 870-1, Life Insurance, subchapter S6, for detailed instructions)	RAGE DURING RETIREMENT? (See Federal Personnel Manual supplement								
YES. Enter following information below:	NO. Give reason below:								
Eligible to continue regular insurance only.	Less than 12 years service for life insurance purposes and retirement not for disability.								
Eligible to continue regular plus optional insurance; continuous optional insurance coverage since:	Waived all life insurance coverage.								
0.14.00	Not eligible for life insurance.								
2-14-68 (Insert date of most recent SF 176, Election, Declination, or Waiver of	Other (specify)								
life insurance coverage)									
2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH Manual supplement 890-1, health benefits, subchapter S14, for detailed									
X YES. Enterfollowing information:	NO. Give reason below:								
442	Less than 12 years service for health benefits purposes and retirement not for disability. $\hfill \iota$								
Enrollment Code Number 3205918	Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less.								
Carrier Control Number	Not enrolled for health benefits. Other (specify)								
3. DOCUMENTATION: If employee is eligible to continue life insurance coverage an cedures below will be followed in submitting SF 2801, Application for Retireme propriate box(es) below.	l/or health benefits enrollment during retirement, determine which of the two pro- nt. After life insurance <u>and/or</u> health benefits actions have been taken, check ap-								
PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT	PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE								
SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted after separation for retirement.	SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval before separation for retirement.								
LIFE INSURANCE DOCUMENTATION	LIFE INSURANCE DOCUMENTATION								
Applicant eligible for continued life insurance coverage.	Applicant eligible for continued life insurance coverage. Establish follow up to assure that original copy of SF 56 (Agency Certifica-								
Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status) NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder.	tion of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted after separation for retirement.								
HEALTH BENEFITS DOCUMENTATION	HEALTH BENEFITS DOCUMENTATION								
Applicant eligible for continued health benefits enrollment. Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.	Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted after separation for retirement.								
F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE	G. AGENCY EMPLOYING OFFICE CERTIFICATION								
Verify that life insurance and health benefits status as shown on this form are consistent with payroll records.	I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.								
2. Be sure to post unused sick leave and confirmed pay status	SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL								
remarks on certified SF 2806, Individual Retirement Record.	OFFICIAL TITLE DATE								
3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter	Personnel Officer AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELE- PHONE NUMBER, INCLUDING AREA CODE FBI 202-324-4981 9th St. & I Ave. N. W. Washington, D. C. 20535								

Assoc. i)ir. Dep.-A.D.-A Dep.-MD.-I Asst. Dr. Admin Comp. Syst. Ext. Affairs . Files & Com. . Gen. Inv. _ Ideat. ____ Inspection . Incelt. New York, New York Laboratory ... February 25, 1975 Plan. & Eval. _ Spec. Inv. Training .___ Legal Coun. ... b7C Tclephone Rm. __ Honorable Clarence M. Kelley Director Sec'y Director Federal Bureau of Investigation Washington, D. C. Dear Mr. Kelley: I respectfully submit my request to retire from my position as Special Agent, Federal Bureau of Investigation, to be effective at the close of business, April 25, 1975. I find that this letter is difficult for me to Since my acceptance as a Special Agent on December 9, 1946, I have found my work both gratifying and rewarding. In addition, my service of over twenty-eight years has made me proud to be associated with an outstanding group of dedicated men. I would consider it an honor to receive a personally autographed photograph of yourself. I want you to personally know the Federal Bureau of Investigation will always have my support and my willingness to be of assistance to the organization. Sincerely yours, Micholas J. Hurchia NICHOLAS J. (PURCHIA 9 MAR 11 19753 Bet out 15 now

	*
Report of Exit and Separation FD-193 (Rev. 7-10-74)	De Jack Jack To
FBI Director, FBI	2/25/75
FROM: SAC, New York	DATE: (3) (4) (7) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Name of Employee NICHOLAS J. PURCHIA	12/9/46 SPECIAL AGENT
Last Local Address 9 Blauvelt St.,	Forwarding Address (include Zip Code, if known)
Teaneck, New Yersey 07666	Same
Cease-active-duty Date (hour and last day physically at work) 5:00 pm, 4/25/75	Working Hours (include workweek if other than Monday-Friday) 8:15 am - 5:00 pm
Interview Conducted By (Signature)	SPECIAE IN CHARGE
Hours of acquied leave employee will have at close of business of the last day physically at work. Do NOT add accruals if effect Hours of annual leave carried over at beginning of current leave Leave to be used prior to cease-active-duty date Note: Public Law 93-181 provides employees are paid for all and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	yearAL249
If employee has been granted advanced leave, indicate number h READ BEFORE INTERVIEWING	ours owed at close of cease-active-duty date. AL SL
Purposes: 1 - Obtain real, motivating reason for resignation 2 - Save a valuable employee if possible 3 - Serve as basis for (1) information supplied by Bureau upon reanalysis of turnover, (3) determining necessary or desirable or recommendation regarding future reinstatement. When and Where Conducted: As promptly as possible after receipely Whom Conducted: Clerical employee - by immediate Agent subject to the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the	ot of resignation in adequate privacy with adequate time. spervisor; Agent - by SAC or in his absence by official acting for
job, leave city where assigned, or otherwise just return home, ex show resigning to seek employment closer to home meaning moti other, execute reason(s) under B. Explain all under Item M. Con	ecute a reason was because of employee's desire to teaue Balean secute a reason under Item A below. (For instance employee might wating reason is to return home, not seek other employment.) If
1. Return to Home Area 2. Homesick for Family and Friends 3. Unable to Adjust to City Environment 4. Living Costs 5. Transportation	8. Dissatisfaction With Assignment 9. Dislike of Production or Work Standards 10. Dislike Performing Overtime 11. Dislike Shift Assignment 12. Working Conditions - Physical Plant (i.e., no air
6. Housing 7. Concern Over City Life (Crime, etc.)	conditioning) 13.
	B
15. Military 16. Other Employment (Show this as reason only where employee otherwise satisfied with Bureau employment) Check both reason and type. Reason: a. Promotional b. Enter different field	22. Change of Residence (husband or family moving) 23. Housewife or Child Care 24. Resignation requested 25. Removal Abandonment of position-failed to submit resignation
Type: a. Other Government employment b. Private industry c. Self-employment	26. Resigned during administrative inquiry 27. Optional (including liberalized); give reason
17. Poor Health (Self) 18. Poor Health (Family) 19. Marriage 20. Matemity	Disability 28. Other (Explain under comments)
21. Attend School; locally; other area C. 1. Did employee violate terms under transfer agreement, 3-3	
FD-382 Yes No; Government Employees Traini agreement, 12-69? Yes No	ng Act, FD-375 Yes X No; transportation expense
following initial appointment or following special training and explain under Item M. Comments.	made not covered in #1 such as to remain a specific period g? Yes No If yes, specify agreement(s) involved
3. If FBIHQ clerical employee, did employee resign within 4. If answer to either question lor 3 above is "yes": a. Advised employee any money due being held in a by Advised employee in telephone 1. Bureau by teletype telephone	have a will determination is made as to any indebtedness
1-Pers. File 1-NY 66-2961	(oyer)

Ď.	Does employee have any specific suggestion for improving the organization? XX No Yes If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)	
Ε.	Has employee been cautioned about divulging confidential information acquired in job?XX Yes No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.	
Ξ.	All Government property, documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases active duty (exceptions: Honorary FBIRA card, commendation, censure or promotion letters or copies of expense vouchers, etc.). XX Yes \(\sum \) No	
G.	If employee is resigning for maternity purposes, appropriate block must be marked: Employee is not entitled to payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.	:
	Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.	
	Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)	
н.	Was employee instructed that if enrolled in a health benefits plan coverage continues temporarily for 31 days from the termination of health benefits enrollment and during that time employee is eligible to convert to an individual contract? If employee converts to an individual plan there is no waiting period for any benefits. Wy Yes No	
	Was employee instructed that if enrolled under the Special Accident and Travel Insurance (SATI) coverage under the Accident Protection Benefit Plan continues for 31 days from the last day of pay period in which a deduction was made? This is not necessarily the last day on duty of employee but invariably two weeks prior since the termination of payroll allotments differs according to notice given of resignation. Employee is eligible to continue this coverage at the same rates and amounts to age 65. If employee desires to continue this coverage he'she should immediately contact Wright & Company, 1001 Connecticut Avenue, N. W., Suite 1222, Washington, D. C. 20036. XXX Yes No	
J.	Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? XXXYes \(\sum \) No Was employee urged to satisfactorily pay his (her) just debts? XXX Yes \(\sum \) No	** a .
κ.	Was employee advised that any inquiries concerning his (her) FBI employment should be directed to FBI, Justice Building, Washington, D. C. 20535, as such information is not available elsewhere? The retiring employee is qualified and desires the 20-year plaque 25-year plaque 39 year plaque.) 06 07C
L.	The retiring employee is qualified and desires the 20-year plaque XX 25-year plaque 30 year plaque.	
м.	Comments: (Please state specific individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposed to enroll.)	
Ν.	Has there been any substantial change in employee's work performance record since submission of last performance rating? XXNo Yes If "Yes" give current adjective rating and basis for change.	
	313	
	· · · · · · · · · · · · · · · · · · ·	
	en • en • en • en • en • en • en • en •	
ο.	Recommendations re reinstatement: Yes No (If No, explain why.)	
	プロストリアでは、Art Magnetic Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common	
	The state of the first of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
•		
	y.	

- A B

)

Memorandum

TO

: Director, FBI

DATE:

2/11/75

NEW YORK

Attention: Personnel Section

SUBJECT:

SPECIAL AGENT PHYSICAL EXAMINATION

Remylet	•
Kedulet	
X Re physical examination of 11/6/74	
Ex Dental work was completed on <u>December 1974</u>	•
Vision has been corrected to	Employee and Signify in attracted
	Employee specifically instructed
(date) by (name of person giving inst	that he can operate a Bureau car
only when wearing the necessary glasses.	(uction)
	plogy were negative.
Enclosed physician's statement indicates he is qualified for strength	ology were negative.
Enclosed are paid unpaid medical bills.	nuous physical exertion and use of fifearms.
Attached are Bureau of Employees' Compensation forms	
	MINGTON -
[V] pl	ES-MOR RECORDED 10
X Physical examination reports are enclosed.	
Employee is scheduled for physical examination on	<u> </u>
Physical examination report has been reviewed and initialed.	
Employee returned to active duty	•
Employee's physical condition is	•
UACB he is being removed from limited duty.	
UACB he is being placed on limited duty.	
If amplement is a Parident Areat is there a sufficient amount of	
If employee is a Resident Agent, is there a sufficient amount of	nonarduous work available to keep him fully occupied and
are sufficient agents available to handle emergency assignments	Yes No If answer is no, separately and
immediately submit your recommendation for the return of this a	gent to headquarters city.
D	
Remarks: Audiogram notes a minima	l high frequency hearing loss,
EKG reflects left atrial	enlargement is less pronounced
that in 12/73. No significant change	athon their this
Evaluated in past as no	need for concern
B	noca for content.
and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	(,)
T - Bureau	
1 - New York	
JJM: gt	All Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Marke



REPORT OF PERFORMANCE RATING

		,
Name of Employee:	NICHOLAS J. PURCH	IA SSN 069-16-6407
Where Assigned: _	NEW YORK	INTERNAL SECURITY
Official Position T	Title and Grade: SPECIAL AGEN	(Section, Unit) NT GS-13
Rating Period: from		
ADJECTIVE RATING:	EXCELLENT Outstanding, Pacellent, Satisf	actory, Unsatisfactory
Rated by: AYMOND J. RUCKEL Reviewed by: AMES O. INGRAM	Signature Sinker	Supervisor Title Special Agent in Charge Title Title Date
Rating Approved ly	V.	Assistant Director MAYLE 19
TYPE OF REPORT		
X Official X Annual	Administrative 60-Day 90-Day Transfer Separation from Service Special	8 APR 17 1975
MAY 201975 (2		TUREE

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS (For use as attachment to Performance Rating Form FD-185)

4
Name of EmployeeNICHOLAS J. PURCHIA # 069-16-6407 Note: Only those items having pertinent bearing on employee's performance should be rated. Actual performance is to be compared
with current, existing job description requirements.
RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.) + Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
Satisfactory
Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall
Unsatisfactory rating must be supported in writing. ONo opportunity to appraise. In other responses, use "X."
(Use INK for Checklist - DO NOT TYPE) RESPOND TO EVERY ITEM
1. Personal appearance. 2. Personality and effectiveness of his personal contacts.
3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? Yes No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? Yes No. If answer to either is yes, explain.
5. Resourcefulness, ingenuity, and initiative.
6. Forcefulness and aggressiveness as required.
7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. 8. Planning of work.
9. Accuracy and attention to pertinent detail.
10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. 12. Performance results (rate if applicable and mark others 0) 13. A. Internal Security; 25. B. Criminal or General
Investigative; C. Fugitive; D. Applicant; E. Accounting; F. Other, such as Supervisor. Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work
performance: SA PIIRCHIA is assigned to the section which handles the immediate
SA PURCHIA is assigned to the section which handles the investigation of organizations and individuals affiliated with the Communist Posts 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924, 1924,
organizations and individuals affiliated with the Communist Party USA. He hand both organizations and individuals and carries a large volume of complicated
matters which he handles with a minimum of supervision. He is a highly resource
ful, conscientious, reliable, and industrious agent who can also be depended
on to up a very line job on matters assigned to him. It is noted SA DUDCHIA
is due to retire effective 4/25/75.
• · · • • •
Complexity of matters handled: None Moderate Most complicated Degree of supervision required: Above average None None
A. Employee signifies by initialing hereafter that during the course of receiving the performance rating report (limit this provision to annual, 60-day or 90-day reports) employee has read and understands his/her position description.
B. Is employee available wherever needs of service require for general assignment? Yes M No Special assignment? Yes
C. Is employee qualified to operate a motor vehicle incidental to his official duties? X Yes No If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
D. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Security
ADJECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS
(Outstanding, Excellent, Satisfactory, Unsatisfactory)

4	
(Ch = 212 - 1	
	and Narrative Comments continued
/ 13.	Firearms. Check One:QualifiedQualified InstructorExpert
<u> </u>	Development of informants and sources of information. Comment on weaknesses or justify limited participation.
	During rating period developed
Al	though he has not developed any informants or sources in this rating
period, he	continues to handle an informant previously developed in a highly
capable ar	nd efficient manner and has the Bureau's informant program in mind
during the	course of interviews of individuals in connection with his investig
tions 15.	Reporting: (Consider conciseness clarity prognization thoroughness accuracy adequacy and pertinency of leads and
 10.	Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
1	A. Reports; Z. B. Memos, letters, wires.
	Performance as a witness. During rating period; Based on past performance; No experience.
17.	Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
	A. Leadership F. Devising procedures
	B. Ability to handle personnel G. Promoting high morale
	C. Making decisionsH. Getting results
	D. Assignment of work I. Furthering equal employment opportunity
<i>F</i> = 10	E. Training subordinates
	Raids and dangerous assignments;A. As leader;B. As participant.
19.	Miscellaneous. Specify and rate: Dictation; Applicant recruitment; Other
NA-20.	Police Instruction: Qualified Participated Audited
	Can handle typical investigative problems as follows:
	A. Conversation form Excellent Very Good Good Fair Unsatisfactory
	B. Written form Excellent Very Good Good Fair Unsatisfactory
	Frequencylanguage ability used during rating period
	Anticipated use during ensuing year
	C. Completed Bureau Language School No Yes,,
00	Specify language(s)
22.	Administrative Advancement: (Check block if not interested.) A. Yes No Agent is completely available for administrative advancement.
	A. Yes No Agent is completely available for administrative advancement. B. Yes No Agent is completely available for administrative advancement, including experience, ability, personality and appearance.
	C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding
	Explain if interested but not now qualified.
23.	Number of Incentive Awards
	Commendations received from Director: Individual Through Superior
	Suggestions submitted
÷.	If none, check block [X].
24.	Disciplinary Action and Justification for any Unsatisfactory Items. None (List items taken into consideration on Checklist.)

recourse

AbRetura in incomo of locas 336 (c) SUSC and affect 4-25-75 and to comme 4-26-75

March 4, 1975

PERSONAL

Mr. Nicholas J. Purchia Federal Bureau of Investigation New York, New York

Dear Mr. Purchia:

I have your letter of February 25, 1975, concerning retirement, and am certainly sorry to see you leave.

MAILED 7 MAR 5 1975 Loyalty and devotion to duty have marked your service to this organization for well over twenty-five years, and I want you to know of my appreciation. You can take justifiable pride in the capable efforts you have expended in furtherance of meeting our responsibilities, and I am glad to note that you have derived satisfaction from your association with the FBI and its personnel.

It will be a pleasure to forward under separate cover my autographed photograph as you requested. Thank you for your assurance of continued support and offer to be of future assistance. I hope that the years ahead will be happy once for and you

	napgy ones tor	and you.	A C		c;
Assoc. Dir	Rising .	Sincerely,	Salary	6513 (5-9	
Dep. AD Inv Asst. Dir.:	((8) Eg Ped	C. M. Kelley	Ú	\$21,	63-00
Admin.		York (Personal Attention			
Comp. Syst Ext. Affairs		es should be given to SA		re is also attacl	ned a
Files & Com Gen. Inv	copy of Form 3	-496 for your information	on. 71H		b6
ldent	1 - L		TO DOO	MC	b7C
Inspection	1 - Data Proce	ssing Section (Sent Direction 12 13		<i>['</i>	
Laboratory Plan. & Eval	<u> </u>	(Last physical on 12-18 SA Purchia's cease act	•	4-95-75 FOD	19_0_46
Spec. Inv.	SA. Forwardi	gaddress 291 Blauvelt			
Training	SA. FULWARUL	ig aguitess sol Diauveit	oneer, reamers	, itew octacy	, , , , , , , , , , , , , , , , , , ,
Telephone Rm	MAIL ROOM	LELETYBE UNIT	See Nete 1	Page 2	

Mr. Nicholas J. Purchia

(Continued)

NOTE: SA Purchia is qualified by age and service for retirement under liberalized provisions of the Civil Service Retirement Act. He is assigned as an Agent, New York Office, in GS-13, \$27,632 per annum.

Bureau

1 - Package)

THEFT

FEDERAL BUREAU OF INVESTIGATION FOIPA DELETED PAGE INFORMATION SHEET

No Duplication Fees are charged for Deleted Page Information Sheet(s).

Total Deleted Page(s) ~ 14
Page 63 ~ Referral/Direct
Page 64 ~ Referral/Direct
Page 68 ~ Referral/Direct
Page 69 ~ Referral/Direct
Page 73 ~ Referral/Direct
Page 74 ~ Referral/Direct
Page 78 ~ Referral/Direct
Page 79 ~ Referral/Direct
Page 80 ~ Referral/Direct
Page 81 ~ Referral/Direct
Page 82 ~ Referral/Direct
Page 83 ~ Referral/Direct

Page 84 ~ Referral/Direct Page 85 ~ Referral/Direct